



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

81ST ANNUAL CONVENTION

Hosted By: Region II – Fulton County Insurance Professionals

Vernon Downs Casino-Hotel
4229 Stuhlman Rd. Vernon, NY 13476

Come Join Us
April 30, 2026 to May 3, 2026

Name: _____ Plan: _____

PLAN A: FULL REGISTRATION

REGISTRATION FEE: MEMBER/NON-MEMBER: \$275 PRIOR TO 4/1/26
LATE REGISTRATION: \$325 AFTER 4/1/26
(Deadline for Registrations: 4/15/26)

Registration Fee for Plan A: Includes:

- Thursday night: Welcome Dinner
- Friday and Saturday: Workshops, meals, inclusion in scholarship drawings and activities
- Sunday breakfast

Will you attend Thursday night Dinner? ☐ YES ☐ NO
Will you attend Sunday Breakfast? ☐ YES ☐ NO

- Include my contact information in the list of attendees: ☐ YES ☐ NO
- Do you want to be included in the scholarship drawings? ☐ YES ☐ NO
- I give permission to use any/all photos, that I may be in, taken at Convention: ☐ YES ☐ NO

DAILY REGISTRATION OPTIONS

PLAN B:	<u>MEMBER</u>	<u>NON-MEMBER</u>
• FRIDAY (Includes Educational Workshops and all Meals)	\$150	\$160

PLAN C:	<u>MEMBER</u>	<u>NON-MEMBER</u>
• SATURDAY (Includes Business Meeting and all Meals)	\$125	\$135

PLAN D: SATURDAY – Cocktails & Banquet only \$75



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REGISTRATION DEADLINE: APRIL 15, 2026

Name: _____ Designations: _____

Email: _____ Association: _____

Home Phone No. _____ Business Phone: _____

Employer: _____

Dietary Restrictions: _____

Allergies and/or Medical Conditions: _____

Emergency Contact:

Name: _____ Phone Number: _____

SPECIAL SEATING

Please check all that apply: ☐ Federation Past President - \$30 credit for Saturday's Luncheon

☐ Voting Delegate ☐ Exhibitor ☐ Sponsor ☐ Speaker ☐ 1st Convention Attendee

☐ Local President ☐ FIPC Designation ☐ Quarter Century

Member of: ☐ FNYIP ☐ IIABNY ☐ PIA

☐ Federation Officer, Director or Board Member – Position: _____

Date of Arrival _____ Estimated Arrival Time _____

Date of Departure _____ Estimated Departure Time _____

CANCELLATION POLICY: Anyone cancelling prior to April 1st will receive a FULL refund, less a \$50 processing fee. ***NO REFUNDS AFTER APRIL 1ST***

NOTE: ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING ALLOWED

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.



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NAME: _____

PAYOR: Individual ☐ Employer ☐ Association ☐

PAYING METHOD:

- Check ☐ **Please Make Checks Payable to FNYIP**
- Credit Card ☐ To pay by credit card, please complete the following:

Cardholder Name _____ Zip Code: _____

Total: \$ _____

Charge to: ☐ Am Ex ☐ Visa ☐ MC ☐ Discover

Card Number: _____

Expiration Date: _____ CVV No. _____

Cardholder Signature: _____

**PLEASE RETURN THE CONVENTION REGISTRATION FORM AND PAYMENT TO
CONVENTION SECRETARY:**

**ROBIN GRZECHOWIAK
79 JASMINE AVE.
WEST SENECA, NY 14224**

OR EMAIL TO ROBIN AT rrgrz79@gmail.com

LOOKING FORWARD TO SEEING YOU AT CONVENTION!