



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:

MEMBER

NON-MEMBER

- **FRIDAY**

\$150

\$160

(Includes Educational Workshops and all Meals)

PLAN C:

MEMBER

NON-MEMBER

- **SATURDAY**

\$125

\$135

(Includes Business Meeting and all Meals)

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



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.



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

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!