



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

78th ANNUAL CONVENTION

Hosted By: Region III- Insurance Professionals of Mohawk Valley; Insurance Professionals of Chenango Valley; Syracuse Insurance Professionals and North Country Insurance Professionals

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

Come Join Us
April 27, 2023 to April 30, 2023

Name _____ Plan _____

FULL REGISTRATION – PLAN A

REGISTRATION FEE: MEMBER/NONMEMBER \$275 PRIOR TO 4/1/2023
PLAN A _____ LATE REGISTRATION \$325 AFTER 4/01/23 deadline 04/15/2023

REGISTRATION FEE FOR “PLAN A” INCLUDES: Thursday night welcome dinner, Friday and Saturday meetings, Sunday breakfast, workshops, meals, inclusion in scholarship drawings and activities

WILL YOU ATTEND THURSDAY NIGHT DINNER? YES _____ NO _____
WILL YOU ATTEND SUNDAY BREAKFAST? YES _____ NO _____

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

DAILY REGISTRATION OPTIONS

<u>Daily Registrations</u>		<u>Member</u>	<u>Non-member</u>
PLAN B	Friday _____	\$150	_____ \$160
(INCLUDES EDUCATIONAL WORKSHOPS AND ALL MEALS)			
PLAN C	Saturday _____	\$125	_____ \$135
(INCLUDES BUSINESS MEETING AND ALL MEALS)			
PLAN D	Saturday Cocktails & Banquet only _____		\$75

Dietary Restriction _____

Allergies and/or Medical Conditions _____



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

Emergency Contact _____ Phone _____

REGISTRATION DEADLINE APRIL 15, 2023

Name _____

Designations _____

Address _____

Email _____

Home Tel.: _____ Association _____

Employer _____

Bus. Tel.: _____ Fax _____

SPECIAL SEATING

Please check: [] Federation Past President – (\$30 credit for Saturday luncheon)

[] Voting Delegate [] Exhibitor [] Sponsor [] Speaker [] 1st Convention

[] Local President [] FIPC Designation [] Quarter Century

Member of: [] FNYIP [] IIABNY [] PIA [] Federation Officer, Director or Board Member Federation Position: _____

Date & Time of Arrival: _____

Date & Time of Departure: _____

CANCELLATION POLICY: Anyone cancelling prior to April 1st will receive a full refund, less a \$50.00 processing fee. ***NO REFUNDS AFTER APRIL 1st.***

THERE CAN BE ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING.

Payor: Individual _____ Employer _____ Association _____

To pay by credit card, please complete the following:

Form with fields for Total \$, Charge to (AmEx, Discover, Visa, MasterCard), Exp. Date, Verif. No., Cardholder's Name, Signature, Billing Zip Code

RETURN THE CONVENTION REGISTRATION FORM AND PAYMENT TO CONVENTION

SECRETARY: Denese Thompson – 1022 Rochelle Court, Uniondale, NY 11553-3022 or

Email to: denese2001@gmail.com



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

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.

*****Please visit our web site – FNYIP.com - for additional information and scholarship forms*****