



77th ANNUAL CONVENTION

Schenectady Doubletree
100 Nott Terrace, Schenectady, NY 12308

Come Join Us

April 29, 2022 to May 1, 2022

Name: _____ Plan: _____

FULL REGISTRATION - PLAN A

REGISTRATION FEE: Member/Non-Member \$200.00 Prior to 4/2/2022

Late Registration \$250.00 After 4/3/2022 Deadline 4/16/2022

REGISTRATION FEE FOR "PLAN A" INCLUDES: Friday night welcome dinner and Saturday meetings, meals, inclusion in scholarship drawings and activities

- 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 pictures, that I may be in taken at the Convention Yes _____ No _____

DAILY REGISTRATION OPTIONS

Daily Registrations

Member

Non-Member

Table with 3 columns: Plan Name, Description, Member Price, Non-Member Price. Rows include PLAN B (Friday night only), PLAN C (Saturday -Breakfast/Lunch only), and PLAN D (Saturday Cocktails & Banquet only).

Dietary Restrictions: _____

Allergies and/or Medical Conditions: _____

Emergency Contact Person: _____ Phone: _____



REGISTRATION DEADLINE APRIL 16, 2022

Name: _____
Designations: _____
Address: _____
Email: _____
Home Telephone: _____ Association: _____
Employer: _____
Business Telephone: _____ 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 2nd will receive a full refund, less a \$50.00 processing fee. *** NO REFUNDS AFTER APRIL 2ND***
THERE CAN BE ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING

Payor: Individual _____ Employer _____ Association _____

To pay by credit card, please complete the following:

Total \$ _ Charge to [] AmEx [] Discover [] Visa [] MasterCard

Table with 16 columns for card number, 2 columns for Exp. Date, and 2 columns for 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



In accordance to 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 a possible in advance of the program you wish to attend.

Please visit our website - FNYIP.COM for additional information and scholarship forms