

**Registration Form
Public Policy & Legislative Action Conference
February 9 – 10, 2009
The Albany Marriott
189 Wolf Road
Albany, NY 12205**

**Return to:
NYSNA
125 Wolf Road
Suite 315
Albany, NY 12205
-Or-
Fax (518) 446- 0113**

PLEASE PRINT OR TYPE:

Name _____ Business Phone _____
 Title _____ NYSSFSA Membership # _____
 School District or Business: _____ Chapter _____

To avoid confusion, NYSNA will schedule all legislative appointments for Tuesday Morning. This will prevent legislators from having to meet more than once with our group. Please indicate your elected representatives below so that we may schedule an appointment. We will make appointments for you with the legislators who represent your **SCHOOL DISTRICT/COMPANY**. If you prefer that we also make an appointment with the legislators from your HOME DISTRICT, you will need to give us their names and district number and write (home) next to their names.

Member of the Assembly: _____ District Number _____
 State Senator: _____ District Number _____
 _____ Please do not schedule any appointment for me
 Check here if you are a "First Timer"
 Check here if you will NOT be taking the bus provided by NYSNA for visiting legislators

MONEY OR PURCHASE ORDER FOR REGISTRATION AND MEAL PACKAGE ARE DUE WITH THIS REGISTRATION FORM. MAKE CHECKS PAYABLE TO NYSNA. MUST BE RECEIVED BY JANUARY 18th. ABSOLUTELY NO REFUNDS AFTER JANUARY 28th, 2009. NO SHOWS WILL BE BILLED FOR THE REGISTERED AMOUNT.

		Member	Non-Member	Amount
Full Conference	All meals	\$ 210	\$ 250	
Commuter Full Conference	No Meals	\$ 127	\$ 165	
Meal Package	All meals	\$ 129	\$ 129	
Monday Registration	No Meals	\$ 85	\$ 120	
Tuesday Registration	No Meals	\$ 65	\$ 100	
*Monday Lunch		\$ 28	\$ 28	
*Monday Dinner		\$ 48	\$ 48	
*Tuesday Breakfast		\$ 25	\$ 25	
*Tuesday Lunch		\$ 28	\$ 28	
Total for Conference				\$

*Must be Registered for the Conference that Day

For Office use:

Date Received: _____ Amt. Received: _____ PO#: _____ Check #: _____

New York School Nutrition Association
Public Policy & Legislative Action Conference 2009
February 9-10, 2009

HOTEL RESERVATION FORM

Send form to:
Albany Marriott
189 Wolf Road
Albany, NY 12205
(800) 443-8952 (Reservations Only) or (518) 458-8444
Fax (518) 482-7809
www.albanymarriott.com

PLEASE NOTE, A SEPARATE REGISTRATION FORM IS REQUIRED FOR **EACH ROOM**. PLEASE DO NOT DUPLICATE A ROOM RESERVATION PREVIOUSLY MADE BY A ROOMMATE. FOR A CONFIRMATION NUMBER, PLEASE CALL THE 800 NUMBER ABOVE. SUBMIT THIS FORM BEFORE **January 20, 2009**. RESERVATIONS MADE AFTER THAT DATE WILL BE SUBJECT TO AVAILABILITY AND ROOM RATE MAY DIFFER. ALL GUESTS MUST GUARANTEE WITH A CREDIT CARD.

NAME: _____ TITLE: _____

SCHOOL DISTRICT/BUSINESS: _____

SCHOOL DISTRICT/BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: SCHOOL/BUS.: _____ HOME: _____ FAX: _____

EMAIL ADDRESS: (to receive confirmation) _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____ NUMBER OF NIGHTS: _____

Check-in time is 4:00 PM, Check-out time is 12:00 PM

____ Single Occupancy - \$ 131.00 per person

____ Double Occupancy - \$ 131.00 per room Rooming with _____

Beds: _____ King Bed _____ Double/Double

____ Mastercard ____ VISA ____ American Express Account #: _____ Exp. Date: _____

____ Mastercard ____ VISA ____ American Express Account #: _____ Exp. Date: _____

Signature: _____

NYSNA HOTEL BLOCK & DISCOUNTED, GROUP RATES GOOD UNTIL JANUARY 20, 2009.

CANCELLATIONS: To cancel, notify the Marriott before 6:00 PM on the day of arrival to avoid billing to your credit card.

PURCHASE ORDERS: Purchase Orders are acceptable for payment and require a tax exempt form or a letter that states the school/agency is tax exempt. Purchase Orders may not be used to guarantee a room reservation.

TAX EXEMPTION: If, as an employee of a school district or government agency, you are paying by cash, personal check or personal credit card, you will need to supply your tax exempt form (AC 946). You must also present SCHOOL PICTURE ID showing you are an employee of the school.