

. .

...

MEETING REGISTRATION FORM

Number attending:	
Name(s):	
Name(s):	
Email:	
Phone:	
Street Address: City:	State: Zip:
County of Residence:	
Chapter Membership:	
□ Not a member □ AFC □ CDC □ CNY □ LHC □ NAC Ⅰ	□NFC □SAC □SFL □SOT □WFL
Please provide contact information in case there are last-min	ute changes.
Registration Fees:	
If submitted/postmarked by October 6 th	
Members - \$40/person Non-Members - \$50/person	
<u>If submitted/postmarked by October 7th – 12th</u>	
Members - \$50/person Non-Members - \$60/person	
No registration after October 12 th . No walk-in registration.	
Total Amount:	
□ Check - Make checks payable to NYFOA	
□ Credit Card - □ Visa □ Master Card □ Discover □] American Express
Credit Card Number:	_
Expiration Date: Security Code:	
Name on Card:	
Signature:	
Mail form and payment to NYFOA at PO Box 644, Naples, NY	14512