

2016 NYSNA Leadership Conference & House of Delegates

Tuesday, August 2 – Wednesday, August 3, 2016

Embassy Suites Hotel, 6646 Old Collamer Road, East Syracuse, NY 13057

Registration Form

A separate form is required for each registrant. **All Executive Board Members, Past Presidents and Chapter Leader #1 receive complimentary meals and room (at triple occupancy). Chapter Leaders #2, #3, and #4 must purchase hotel room and meals.**

Name: _____ NYSNA Member # _____

Email: _____ Phone: _____

Please check **ALL** that apply to you:

- Member of 2015-16 Executive Board, President, Norma Zeller, SNS
 Member of 2016-17 Executive Board, Incoming President, Sandy Cocca, SNS
 Past President
 1st Chapter Leader – *please complete Chapter Name and Position below*
 2nd 3rd 4th Chapter Leader – *please complete Chapter Name and Position below*

_____ Chapter Name

_____ Chapter Position

ROOMING NYSNA provides complimentary rooms to Executive Board Members, Past Presidents and Chapter Leader #1, based on triple occupancy. Chapter Leaders #2, #3, and #4 may purchase a hotel room below for \$119 per triple (\$39.67 per person). The suites at the hotel are set up with a bedroom featuring two double beds separated by a door from the living room, which has a pull-out couch.

Executive Board Members, Past Presidents and Chapter Leader #1, please choose one option:

- I am commuting
 Single Room - \$79.34
 Double Room - \$39.67 Roommate: _____
 Triple Room – Complimentary Roommate 1: _____
Roommate 2: _____
 Assign my roommates

Chapter Leaders #2, #3, and #4, please choose one option:

- I am commuting
 Single Room - \$119
 Double Room - \$119 Roommate: _____
 Triple Room – \$119 (\$39.67/person) Roommate 1: _____
Roommate 2: _____
 Assign my roommates

MEALS NYSNA provides complimentary meals to Executive Board Members, Past Presidents and Chapter Leader #1. Chapter Leaders #2, #3, and #4 may purchase meals below. Hotel provides Wednesday Breakfast to overnight guests.

- Tuesday Lunch - \$30
 Tuesday Dinner - \$35
All registrants must choose one option:
 Wednesday Lunch - \$25
- I have a FOOD ALLERGY or DIETARY RESTRICTION
 Grilled Pork Chop served with a Bourbon Mustard Glaze, OR
 Seared Chicken topped with a Fresh Spinach Cream Sauce

Total Room & Meals Enclosed: \$ _____

Please send completed **registration form** and **payment** (if applicable – *payment must be sent in advance*) to Laura Vecchio by **June 24, 2016:**

Email: laura@nyschoolnutrition.org

Questions or Concerns: 518-446-9061

Fax: 518-446-0113

Mail: NYSNA Attn: Laura Vecchio, 125 Wolf Road, Suite 312, Albany, NY 12205

Cancellation Policy: Cancellations after **July 2, 2016**, or No Shows, will be charged a \$40 cancellation fee.