



**NYSA Fall Conference
September 22-23, 2019
Holiday Inn, Liverpool, NY**

Register online at
www.nysarborists.com

Please complete one registration form per participant. Feel free to make copies of this form. Additional copies are also available online at www.nysarborists.com.

You may reserve a sleeping room at the **Holiday Inn, 441 Electronics Parkway, Liverpool, NY** at a special discounted rate of **\$119/night plus tax** by calling the the hotel directly at **315-457-1122**; mention **NYS Arborists** to get the special rate. The hotel deadline is **August 21**.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REGISTRATION FEES

NYSA Members

- Full Conference (First person): **\$135**
- Full Conference - additional person(s) from same company: **\$115/person**
- Sunday only: **\$75**
- Monday only: **\$105**

NYSA Non-Members

- Full Conference: **\$195**
(includes 1-year membership)
- Sunday only: **\$95**
- Monday only: **\$125**

Student

- Full Conference: **\$50**
- Sunday only: **\$20**
- Monday only: **\$30**

SPONSORSHIPS

Yes, please include my company as a Sponsor:

- Platinum - \$1,000**
(includes 3 complimentary registrations and vendor table)
- Gold - \$750**
(includes 2 complimentary registrations and option to purchase vendor table at half price)
- Silver - \$500**
(includes 1 complimentary registrations and option to purchase vendor table at half price)
- Bronze - \$250**
(includes 1 complimentary registrations)

Vendor Table

- \$175.00** includes **one complimentary registration** for Sunday & Monday, one draped six foot table and two chairs. Additional exhibitors register at regular registration fees.
- \$87.50** for **Gold and Silver Sponsors** only

PAYMENT METHOD

Total amount enclosed \$ _____
 Check enclosed Purchase order #: _____
 Credit card
Card number: _____
Exp. Date: _____ Security Code: _____
Name on Card: _____

Billing information: Same as above

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cardholder's Signature: _____

QUESTIONS? Contact NYSA at 518-694-5507 or info@nysarborists.com.

PAYMENT INFORMATION

Please return this registration form with payment. Make checks and purchase orders payable to **NYSA**.

Return completed form to:
NYSA
136 Everett Rd., Albany, NY 12205
E-mail: info@nysarborists.com
Fax: 518-935-9436

CANCELLATION POLICY

Cancellations must be received by **September 13** to receive a full refund. **Cancellations** received after September 13 are not be eligible for refund.