



NYSA Annual Meeting

January 27-28, 2019

Crowne Plaza, Suffern, NY

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. Also, you can register online at www.nysarborists.com

You may reserve a sleeping room at the **Crowne Plaza, 3 Executive Blvd., Suffern, NY** at a special discounted rate of **\$115/night plus tax** by calling the hotel directly at 845-357-4800; mention Group Code **ARB** to get the special rate. The hotel deadline is **January 12, 2019**.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registration Options

NYSA Members

- Full Conference (1st person) - \$145/person
- Full Conference - add'tl members from same company - \$125/person
- Sunday only - \$70/person
- Monday only - \$125/person
- Students (Full registration) - \$75/person

NYSA Non-Members

- Full Conference - \$210/person
(includes one year membership)
- Sunday only - \$95/person
- Monday only - \$150/person

SPONSORSHIPS

Yes, please include my company as a Conference Sponsor:

- Platinum - \$1,000**
- Gold - \$750**
- Silver - \$500**
- Bronze - \$250**

See website for sponsor benefits.

Yes, I will attend Monday's Industry Credentialing Networking Breakfast (no add'tl charge) NYSA members and non-members welcome.

Yes, I will be attending Monday's TCIA Chipper Operator Session en Español. **(Seating is limited. Pre-registration is required)**

Vendor Table – \$175.00 - includes one draped six foot table, 2 chairs and **one full conference complimentary registration** for Sunday & Monday. Additional representatives working at a table is \$125/person.

Conference Totals

Registration \$ _____ Sponsorship \$ _____ Vendor Registration \$ _____

Total Amount: \$ _____

Payment Information: Please return this registration form with payment. Enclose a check, purchase order or your credit card payable to NYSA information below.

Payment Method: Check enclosed Credit card Purchase order #: _____

Credit Card information: Visa MasterCard American Express Discover

Card number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing information: Same as above

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

Mail, email, or fax completed form to:

NYSA, 136 Everett Rd., Albany, NY 12205; info@nysarborists.com; Fax: 518-935-9436; Phone: 518-694-5507.

Cancellation Notice: Cancellations must be received by January 22, 2018 to receive a full refund. **Cancellations** received after January 22, 2018 will not be eligible for refund. No shows receive no refunds.