

## NYSIA Spring Workshop June 12-13, 2024

## **GUEST REGISTRATION** \*for non-seminar attendees



Comp	any Name:		_
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City/S	tate/Zip:		
Email: Phone:			
Guest	Name (s):		
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Registration Deadline: May 20th No refunds		NEW YORK SELF-INSURERS ASSOCIATION  EIN #13-5545483	
	Name	Guest Registration	n Fees Price
Return Registration Form to:	Address	Wed. Reception 175.00	
Heidi Mahoney, Secretar	у ———	Thursday dinner 200.00 ☐ Both Wed & Thursday 350.00	
NYSIA 9 Caldwell Drive	Phone	Visa	

Heidi Mahon **NYSIA** 9 Caldwell D Buffalo, NY 14224

Phone: 716-668-0822 Fax: 716-668-5035

E-mail: secretary@nyselfinsurance.com

Signature

www.nyselfinsurance.com

Name		Guest Re	gistration F
Phone  Method of Payment  Check  Credit Card #	Visa MasterCard American Express	☐ Wed. Reception ☐ Thursday dinner ☐ Both Wed & Thursday	175.00 200.00 350.00
Exp. date	CVV #	_	