

NYSIA Spring Workshop

Meeting Registration June 12-14, 2024



Company Name: _	· · · · · · · · · · · · · · · · · · ·				
Contact:					
Address:					
City/State/Zip:					
Email:		Phone:			
Attendees:					
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2)					
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5)					
Registration Deadline: REFUNDS requested subject to a \$200 cancel after 6/3	after May 20th	will be	GI	ELF-INSURERS /	ASSOCIATION 183
	Name				
Return Registration Form to:	Address		Regis Sign up for:	tration Fee	S Price
Heidi Mahoney, Secretary NYSIA 9 Caldwell Drive Buffalo, NY 14224	Phone Method of Payment Check	Visa MasterCard American Express	Member fee 2nd Member 3rd Member NON-MEMBER	400.00 350.00 350.00 600.00	
Phone: 716-668-0822 Fax: 716-668-5035 E-mail: secretary@nyselfinsurance.com www.nyselfinsurance.com	Credit Card #	Exp. date	2ND NON-MEMBER CVV #	550.00 TOTA	

Signature