



NYSIA Annual Meeting

January 8-9, 2025

GUEST REGISTRATION

**for non-seminar attendees*



Company Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Guest Name (s) :

1) _____

2) _____

3) _____

4) _____

Registration Deadline: Dec. 20, 2024
***No refunds**



EIN #13-5545483

Return Registration Form to:

Heidi Mahoney, Secretary
NYSIA
9 Caldwell Drive
Buffalo, NY 14224

Phone: 716-668-0822
Fax: 716-668-5035
E-mail: secretary@nyselfinsurance.com
www.nyselfinsurance.com

Name

Address

Address

Phone

Method of Payment
 Check
 Visa
 MasterCard
 American Express

Credit Card #

Exp. date

CVV # _____

Signature

Guest Registration Fees

| | | Price |
|--|--------|-------|
| <input type="checkbox"/> Wed. Reception | 250.00 | _____ |
| <input type="checkbox"/> Thursday Reception | 250.00 | _____ |
| <input type="checkbox"/> Both Wed & Thursday | 450.00 | _____ |

TOTAL _____