



New York State

Public Employer Labor Relations Association Inc.

43rd ANNUAL TRAINING CONFERENCE
CONFERENCE REGISTRATION FORM

Wednesday, July 19th – Friday, July 21st, 2017
Holiday Inn, Saratoga Springs, New York

Registrant's Name _____ Title _____
Employer/Affiliate _____
Address _____ City, State, Zip _____
Telephone _____ Fax _____ Name for Name Tag _____
Email Address _____

Name tags will serve as your admittance to all events.

Please note any dietary restrictions: _____

We are taking credit cards now!!!!

Name on card: _____

Type of card: (MasterCard, Visa or Discover)

Number: _____ Exp. Date _____
CVV/CVC Number : _____ Zip code _____

CHECK ONE:

"EARLY BIRD" - BEFORE JUNE 12, 2017 MEMBER-\$275 _____ NON-MEMBER- \$350 _____
AFTER JUNE 12, 2017 MEMBER- \$350 _____ NON-MEMBER- \$375 _____
"RETIREE"-- MEMBER- \$100 _____

Guest(s) Name(s) (for name tags) _____

Guest (s) Attending Wednesday Luncheon _____ @ \$25.00 each Please send separate check with this form
Thursday Luncheon _____ @ \$25.00 each to cover the cost of luncheons for your guests.

NOTE: The organization intends to apply for SHRM and CLE credits. With regards to the CLE credits, attorney members may apply for a full or partial registration fee waiver to attend this program based upon financial hardship. This program is appropriate for both newly admitted and experienced attorneys. For more details, please contact Jack Kalinkewicz at 518-366-2952 or email nyspelra@gmail.com.

REFUNDS WILL NOT BE GIVEN UNLESS CANCELLATION RECEIVED BY JULY 7, 2017.

Registration form must be accompanied by purchase order, voucher, credit card number, or check made payable to NYSPELRA and mailed to:

NYSPELRA
John J. Kalinkewicz
15 Rum Cherry Road
Ballston Spa, NY 12020
Telephone: (518) 366-2952
Email nyspelra@gmail.com

Registration fees and charges must be paid in full prior to or at the time of on site registration at the conference.