

**NYSCOPBA**  
**Registration Form**  
**Executive Assembly Meeting**

Doubletree Hotel  
6301 State Route 298 East Syracuse, NY 13057  
(315) 432-0200  
April 21 & 22, 2010

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Sector:** \_\_\_\_\_

**How Many Attending  
From Sector  
(Besides Yourself):** \_\_\_\_\_

**Date of Arrival:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_

**Smoking Preference:** \_\_\_\_\_

PLEASE SUBMIT THIS FORM **NO LATER** THAN MARCH 26, 2010 IN ORDER FOR PROPER ARRANGEMENTS TO BE MADE.

\*\* NOTE: If you are requesting additional EOL time, include your work shift and date(s) needed. You **MUST** work an **AFTERNOON** or **EVENING** shift and be at least **200** miles from Syracuse to be granted travel time.

**DATE & SHIFT HOURS** \_\_\_\_\_