

NYSCOPBA

102 Hackett Boulevard
Albany, NY 12209

Registration Form

Executive Assembly Meeting

Holiday Inn, 205 Wolf Road Albany, NY 12205

(518) 458-7264

October 13 & 14, 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 **September 14, 2010** IN ORDER FOR PROPER ARRANGEMENTS TO BE MADE. IF YOU ARE MAILING THIS FORM PLEASE SEND IT TO **ATTN: LISA STOPCZYNSKI**.

** 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 Albany to be granted travel time.

DATE & SHIFT HOURS _____