

**NYSCOPBA**

102 Hackett Boulevard

Albany, NY 12209

**Registration Form**

**Executive Assembly Meeting**

Holiday Inn, 205 Wolf Road Albany, NY 12205

(518) 458-7264

February 9 & 10, 2011

**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 **January 14, 2011** 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** \_\_\_\_\_