

NYSCOPBA
102 Hackett Boulevard
Albany, NY 12209

Registration Form

Executive Assembly Meeting
Sheraton at the Falls, Niagara Falls, NY
(716) 285-3361
June 27 & 28, 2012

Name: _____

Address: _____

Telephone Number: _____

Sector: _____

**How Many Attending
From Sector
(Besides Yourself):** _____

Date of Arrival: _____

Date of Departure: _____

Smoking Preference: _____

****THIS IS A NON-SMOKING HOTEL****

PLEASE SUBMIT THIS FORM NO LATER THAN **May 25, 2012** 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 Niagara Falls, NY to be granted travel time.

DATE & SHIFT HOURS _____