

REGISTRATION FORM

**National Federation of the Blind of New York State, Inc., 61st Annual Convention**

Guest name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: king bed or 2 double beds. If you will also need a rollaway cot or a crib, see below.

Daycare needed for (number of) \_\_\_ children. Age(s) of child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the person sending payment is not a guest listed on this form, please provide this information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Item** | **Quantity** | **Amount** |
| **Convention Registration per adult** | **\_\_\_\_\_\_ @ $15.00** | **$** |
| **Box lunch Friday 11/17** | **\_\_\_\_\_\_ @ $15.00** | **$** |
| **Box lunch Saturday 11/18** | **\_\_\_\_\_\_ @ $15.00** | **$** |
| **Banquet Dinner Saturday 11/18: How many?**  **Prime rib \_\_\_\_ Chicken Francese \_\_\_\_**  **Eggplant Parmigiana \_\_\_\_**  **Any dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­** | **\_\_\_\_\_\_ @ $30.00**  (number of meals) | **$** |
| **Hotel: Circle each night you will stay**  **Nov. 16 Nov. 17 Nov. 18** | **\_\_\_\_\_\_ @ $85.00**  (number of nights) | **$** |
| **Rollaway cot \_\_\_ or crib \_\_\_** | **\_\_\_\_\_\_ @ $15.00**  (number of nights) | **$** |
| **SUBTOTAL of all above items** | XXXXXXXXXXXXX  XXXXXXXXXXXXX | **$** |
| **5% discount of subtotal. Enter only if enve-lope is postmarked by October 15, 2017.** | XXXXXXXXXXXXX  XXXXXXXXXXXXX | **- $** |
| **TOTAL ENCLOSED (subtract discount if applicable)** |  | **$** |

Register online at [www.nfbny.org](http://www.nfbny.org)

**OR** send this completed registration form with a check or money order payable to **NFB of NYS** to:

**NFB of NYS Convention Committee, P.O. Box 205666 Sunset Station, Brooklyn, NY 11220**