

REGISTRATION FORM

National Federation of the Blind of New York State, Inc., 62nd Annual Convention

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

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

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

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

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

Circle one: **king bed** **2 double beds** Crib needed? \_\_\_ If you will need a rollaway cot, see below.

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

**If you wish to request any particulars for your hotel room, please contact the office at 718-567-7821 or** **office@nfbny.org****.**

Please indicate which of the following you might be interested in attending a seminar about at convention:

Blind children \_\_ Blind parents \_\_ Students \_\_ Seniors \_\_ Guide dogs \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Item** | **Quantity** | **Amount** |
| **Convention Registration per adult** |  **\_\_\_\_\_\_ @ $15.00** |  **$** |
| **Box lunch Friday 10/19** |  **\_\_\_\_\_\_ @ $12.00** |  **$** |
| **Box lunch Saturday 10/20** |  **\_\_\_\_\_\_ @ $12.00** |  **$** |
| **Banquet Dinner Saturday 10/20: How many?** **Stuffed Pork Chop \_\_\_\_ Eggplant Rollatini \_\_\_\_\_Baked Stuffed Chicken Breast \_\_\_\_****Kosher? \_\_\_ Gluten-free? \_\_\_\_** |  **\_\_\_\_\_\_ @ $30.00** |  **$**  |
| **Hotel: Circle each night you will stay**  **Thur. Oct. 18 Fri. Oct. 19 Sat. Oct. 20**  |  **\_\_\_\_\_\_ @ $99.00**(number of nights) |  **$** |
| **Rollaway cot \_\_\_**  |  **\_\_\_\_\_\_ @ $10.00**(number of nights) |  **$** |
| **SUBTOTAL of all above items** | XXXXXXXXXXXXXXXXXXXXXXXXXX |  **$** |
| **5% discount of subtotal. Enter only if enve-lope is postmarked by October 5, 2018.** | XXXXXXXXXXXXXXXXXXXXXXXXXX |  **Amount to subtract** **$** |
| **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**