**National Federation of the Blind of New York State, Inc., 63nd Annual Convention Registration Form**

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

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

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

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

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

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

Roommate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare needed for (number of) \_\_\_ child(ren) Age(s) of child(ren) \_\_\_\_\_\_ (**notification by 10/1, please**).

**If you wish to request any particulars for your hotel room, please contact the office at 716-222-3632 or email: sw@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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to participate in our Talent Showcase Friday evening? If yes, state talent to showcase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Item** | **Quantity** | **Amount** |
| **Convention Registration per adult** |  **\_\_\_\_\_\_ @ $15.00** | **$** |
| **Box lunch Friday 10/18** |  **\_\_\_\_\_\_ @ $12.00** | **$** |
| **Box lunch Saturday 10/19** |  **\_\_\_\_\_\_ @ $12.00** | **$** |
| **Banquet Dinner Saturday 10/19: How many?** **Stuffed Pork Chop \_\_\_\_** **Pasta Primavera \_\_\_\_\_** **Baked Stuffed Chicken Breast \_\_\_\_****Kosher? \_\_\_ Gluten-free? \_\_\_\_** |  **\_\_\_\_\_\_ @ $30.00** | **$**  |
| **Hotel: Circle each night you will stay** **Thur. Oct. 17 Fri. Oct. 18 Sat. Oct. 19**  |  **\_\_\_\_\_\_ @ $104.00**(number of nights) | **$** |
| **Rollaway cot \_\_\_**  |  **\_\_\_\_\_\_ @ $10.00**(# of nights) | **$** |
| **SUBTOTAL of all above items** | XXXXXXXXXXXXXX |  **$** |
| **5% discount of subtotal. Enter only if envelope is postmarked by Oct. 1.** | XXXXXXXXXXXXXX | **Amt. to subtract****$** |
| **TOTAL ENCLOSED (subtract 5% discount if paid before October 1st)** | XXXXXXXXXXXXXX | **$** |

**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**

**2175 Sheridan Dr.**

**Buffalo, New York 14223**