

NYS AIEP 29th Annual Conference Registration Form

Being held at the Holiday Inn at Saratoga Springs NY

All registrations must include payment by check, credit card or purchase order. If your school or agency is paying directly, a check or purchase order for the correct amount must accompany registration.

CREDIT CARDS ACCEPTED at WWW.NYSAIEP.ORG or Make checks payable to NYSAIEP Inc.

Last Name: _____ First Name: _____

Title: _____

Correctional Facility/Agency you service: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail: _____

Full Conference Registration

for

Tuesday - Friday

May, 9,10,11 & 12, 2017

(Includes Lunch, Coffee breaks)

Postmarked: by 4/21/17

After 4/21/17

**Full Conference
(includes membership)**

\$399.00

\$450.00

\$ _____

TOTAL

\$ _____

Conference Confirmation provided only with self-addressed stamped envelope.

Return Reservation with Payment to:

NYS AIEP Inc. Attn:

Joseph Powlina

110 Rutledge Street

Syracuse, New York 13219

Phone: (315) 450-1217 - Email jpowlina@gmail.com

Cancellation Policy: cancellation requests must be made in writing on or before May 1st, 2017. Please email your cancellation request to jpowlina@gmail.com There will be a \$100.00 processing fee for all refunds. Refunds will be mailed after the conference.