



ON-SITE REGISTRATION FORM

Please complete one form per registrant.

1. GENERAL INFORMATION:

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Email: _____

2. REGISTRATION FEE: Please check one of the following choices:

\$250 NYSRA, NYSACRA OR NYSARC Member Registration Fee

\$325 Non-Member Registration Fee

Image Release/Authorization:

Executable upon registration, I hereby give full consent and permission to the NYSACRA and NYSRA and assign the irrevocable right to use for any purpose and without compensation, the use of my image and likeness in photographs, films, videotapes and/or text copy. Furthermore, I understand that the photograph, film, videotape and/or text copy is public information and may be released at any time without further permission or consent by me.

3. PAYMENT INFORMATION:

\$ _____ Total Cost for Registration

To pay by credit card, please provide your information below:

MasterCard Visa

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

CVV# (3-4 digit code on back of card) _____

Billing Zip Code _____

Authorized Signature _____

PAYMENT TYPE (please check one):

Credit Card (Please complete section below)

Check (Indicate Check # _____)

Invoice Organization