

# FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

## 77th ANNUAL CONVENTION

Hosted By: Syracuse Ins. Professionals and North Country Ins. Professionals

Genesee Grande Hotel 1060 E Genesee St., Syracuse, NY 13210						
	Plan					
FULL REGISTRATIO	N – PLAN A					
	: MEMBER/NON-MEMBER LATE REGISTRATION		PRIOR 7			
	FOR "PLAN A" INCLUDES: tings, Sunday breakfast, workshop					
WILL YOU ATTEND	THURSDAY NIGHT DINNER	? YE	S	NO		
	SUNDAY BREAKFAST?	YE	ES	NO		
<ul><li>Do you want to l</li><li>I give permission</li></ul>	act information in list of attendo be included in the scholarship d n to use any or all photos, that I	rawing may b	gs? Yes e in, taken Yes	No		
	DAILY REGISTRATION					
	member riday \$150 UCATIONAL WORKSHOPS AN	<u>N</u>	on-membe _ \$160			
	aturday \$125 SINESS MEETING AND ALL N					
PLAN D Sa	aturday Cocktails & Banquet or		\$75			
Dietary Restriction						
Allergies and/or Medica	al Conditions					
Emergency Contact	Phone					



### FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

### **REGISTRATION DEADLINE APRIL 17, 2020**

Name			
Designations			
Address			
Home Tel.:	Associa	tion	
Employer			
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	SPECIAL	SEATING	
Please check:	Federation Past Preside	ent – (\$30 credit 1	for Saturday luncheon)
_		`	aker  1st Convention
_			<del></del>
Local President	FIPC Designation	Quarter Cen	tury
Member of: FN	YIP IIABNY	PIA Federati	on Officer, Director or
	deration Position:		
Date & Time of Ar	rival:		
Date & Time of De	eparture:	<del></del>	<del></del>
			l receive a full refund, less a
	*** <mark>NO REFUNDS AFTER</mark> SOLUTELY NO WALK-IN		LODGING
	Employer		
Tayor. Individual _	Employer	Associatio	,,,,
To now by avadit a	and plage complete t	ha fallawing.	
10 pay by creau co	ard, please complete t	ne jouowing.	
Total \$	Charge to AmEx	☐ Discover [	☐ Visa ☐ MasterCard
		Exp.	Verif.
		Date	Billing Zip Code
Cardholder's Name	Sign	Signature	

RETURN THE CONVENTION REGISTRATION FORM AND PAYMENT TO CONVENTION

SECRETARY: Denese Thompson – 1022 Rochelle Court, Uniondale, NY 11553-3022 or

Email to: denese2001@gmail.com



#### FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.

\*\*\*Please visit our web site – FNYIP.com - for additional information and scholarship forms\*\*\*