

NYSBDA 2010 Symposium Registration Form



Please return registration form
to:

NYSBDA
PO Box 543
Camillus, NY 13031

Hotel Registrations:

I have made reservations at:

Doubletree Hotel

Another Hotel _____

Reservation not necessary

Pre-registration fee (non-refundable):

NYSBDA Members \$60.00

Non-Members \$110.00
(includes NYSBDA membership)

Registration fee at Symposium (members) \$75.00

Name: _____

Preferred Name on ID Badge: _____

Name of School or Business: _____

Name of School District: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone: () _____

Email address: _____

Symposium participants are encouraged to participate in the Symposium Directors' Band that will be featured in Dr. Lowell E. Graham's clinic.

I will be participating as a member of the Symposium Directors' Band and will play
(list instrument) _____. I can also play _____ if needed.

I will not be participating as a member of the Symposium Directors' Band