

NYSAA ANNUAL CONVENTION 2018

February 17-19, 2018 ~ Registration

NYSAA Member Name _____ Name to appear on badge _____

Spouse/Significant Other/Guest Name: _____

Company _____ Address _____

City/State/Zip _____

Daytime Phone _____ E-mail _____

How to Register

1. Mail completed form with check, money order or credit card to: **NYSAA.**

48 N. Emerson Avenue, Ste 300
Greenwood, IN 46143

2. E-mail completed form with credit card information to:
director@nysauctioneers.com

***Room Reservations—\$89.00/night plus taxes.**

800-333-3333
Radisson Hotel Albany
Code: NYS Auctioneers Room Block

(Room block expires February 1, 2018.)

Please Pre-Register for ALL Events!

Check Enclosed (U.S. dollars drawn on U.S. Bank) checks payable to NYSAA.

NYSAA
48 N. Emerson Avenue, Ste 300
Greenwood, IN 46143
855-496-9722
director@nysauctioneers.com

CONFERENCE REGISTRATION

Quantity	On or before Feb. 1, 2018	After Feb. 1, 2018	
_____ Full Registration (includes all events, all meals, name badge)	\$150.00	\$175.00	_____
_____ Saturday Reception (ONLY)	\$ 25.00	\$ 50.00	_____
_____ Sunday (one day ONLY) (includes all events, all meals, name badge— Sunday ONLY)	\$105.00	\$125.00	_____
_____ Presidential Dinner/ Championship— (ONLY)	\$ 55.00	\$ 75.00	_____

*Registration covers the cost of meals. The reception on Saturday is finger foods, lunch and dinner on Sunday are buffets. If you are attending the seminars without food you will only fill out the top portion of this form with your contact information.

CONFERENCE REGISTRATION TOTAL

\$ _____

MEMBERSHIP DUES

_____ 2018 NYSAA Auctioneer Membership	\$100.00	_____
_____ 2018 NYSAA Associate Membership	\$ 75.00	_____
_____ 2018 NYSAA Affiliate Membership (includes business card ad in ESA)	\$150.00	_____
_____ NYSAA Life Member	\$1,500.00	_____

Credit Card Payment Info.

For credit card verification and processing, **please use the billing address for this card.**

Circle type of card M/C Visa Discover American Express

Credit Card Number _____ Expiration Date _____ CVV Code _____

Billing Address for the Card _____

City _____ State _____ Zip Code _____

Signature _____