



2022 Summer Conference Registration Form

Registrant Name: _____ Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Company Website: _____

Do you have any dietary or other restrictions? If so, what are they? _____

Please make your registration selections below:

NYSCHSA Regular Member Rates

___ Early Bird (Before 7/31) - \$275.00

___ Regular (After 7/31) - \$325.00

___ Spouse/Guest - \$150.00

___ Fully Retired Superintendents/Commissioners (Not working for an Affiliate) - \$50.00 + \$150.00 Food = \$200.00

___ Fully Retired Lifetime/Honorary Members - \$0 + \$150.00 Food = \$150.00

Non-Member Rates

___ Early Bird (Before 7/31) - \$300.00

___ Regular (After 7/31) - \$350.00

CE Fees

___ NYSCHSA Members - Fee included with conference registration.

___ Non-Members - \$25.00 per Professional Development Hour (PDH) ___ # of credits x \$25.00 = \$ _____

Conference Activity Fees

Golf Tournament - Afternoon of Monday, August 29, 2022

___ Registered Conference Attendee - \$50.00 OR ___ Non-Registered Conference Attendee - \$100.00

___ I wish to play. Please put me on a team.

___ I am part of a foursome. Please list all golfers below:

1. You

2. Name: _____ Affiliation: _____
Cell #: _____ E-Mail: _____

3. Name: _____ Affiliation: _____
Cell #: _____ E-Mail: _____

4. Name: _____ Affiliation: _____
Cell #: _____ E-Mail: _____

River Excursion/Cruise - Afternoon of Monday, August 29, 2022

(Runs Opposite of Golf Tournament / Limited to 42 Passengers / First Come-First Served)

___ # of tickets

Payment Information on Page 2 →

Do you wish to register anyone else using this form?

Principal/Registrant #1 – Listed on page 1 of this form.

Registrant #2 Name: _____ E-Mail: _____
Registration Type (from Page 1) _____ Fee: \$ _____

Registrant #3 Name: _____ E-Mail: _____
Registration Type (from Page 1) _____ Fee: \$ _____

Registrant #4 Name: _____ E-Mail: _____
Registration Type (from Page 1) _____ Fee: \$ _____

Registrant #5 Name: _____ E-Mail: _____
Registration Type (from Page 1) _____ Fee: \$ _____

Registrant #6 Name: _____ E-Mail: _____
Registration Type (from Page 1) _____ Fee: \$ _____

Payment Details

Total Amount Enclosed \$ _____

____ Check Enclosed

____ Credit Card: ____ Visa ____ Mastercard ____ Amex ____ Discover

Card #: _____ Expiration: _____

CVV: _____ Name on Card: _____

Billing Address on Card, if different from address above:



Please return this form with payment method to:

NYSCHSA | 230 Washington Avenue Extension, Suite 101 | Albany, New York 12203-3539

Phone: 518-730-0052 | Fax: 518-463-8656 | E-Mail: info@countyhwys.org