

NYWFIA 2011 Regional Meeting Participant Registration

County _____ Form Completed By _____

Telephone Number _____ Fax Number _____ Email _____

This registration is for the following offering _____

Name (Print please)	Title	Lodging? Double or Single	Smoking?	Name of Roommate if requesting a double**	Date of Arrival
1.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		
4.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		
5.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6.		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**** Please note, if you request a Double Room and do not designate a specific Roommate, one will be assigned to you. Any participant requesting a single room is responsible for an additional cost per night (as specified in the Accommodations Policy), paid at the time of hotel registration. A tax-exempt form (ST-129) from the county is required.**

****** For in-house use only – Please register directly on STARS ******
FAX Provider Agency nominations ONLY (518–956-7928)
All DSS Staff must register directly on STARS