



FEDERATION OF NEW YORK INSURANCE PROFESSIONALS, INC.

72nd ANNUAL CONVENTION HOSTED BY: Insurance Women of Buffalo
Sheraton At The Falls Hotel JOIN US
300 3rd St., Niagara Falls, NY 14303 APRIL 23-APRIL 26, 2015

Planning to go to Canada - MUST bring a passport or enhanced license

FULL REGISTRATION - PLAN A

REGISTRATION FEE: MEMBER/NONMEMBER \$225 (PRIOR TO 3/31/15)
PLAN A LATE REGISTRATION \$275 (AFTER 4/1/15-4/15/2015)

REGISTRATION FEE FOR "PLAN A" INCLUDES: Friday and Saturday Meetings and Workshops, meals, inclusion in scholarship drawings and activities (including Sunday Breakfast and Thursday night welcome dinner buffet)

WILL YOU ATTEND THURSDAY NIGHT DINNER? YES NO
WILL YOU ATTEND SUNDAY BREAKFAST? YES NO

Include my contact information in list of attendees? Yes No
Do you want to be included in the scholarship drawings: YES NO
I give permission to use any or all photos, that I may be in, taken at the 2015 FNYIP Convention: Yes No

DAILY REGISTRATION OPTIONS

Table with 3 columns: Daily Registrations, Member, Non-member. Rows include PLAN B Friday, PLAN C Saturday, and PLAN D Saturday Cocktails & Banquet only.

Dietary Restriction

Emergency Contact Phone

Allergies and/or Medical Conditions

Name Plan

Please Complete Both Sides of Registration
REGISTRATION DEADLINE MARCH 31, 2015

Name \_\_\_\_\_  
 Designations \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Home Tel.: \_\_\_\_\_ Association \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Bus. Tel.: \_\_\_\_\_ Fax \_\_\_\_\_

**SPECIAL SEATING**

Please check:  Federation Past President  Voting Delegate  
 Exhibitor  Sponsor  Speaker  1st Convention  Local President  
 FIPC Designation  Quarter Century Member of:  FNYIP  IIABNY  PIA  
 Federation Officer, Director or Board Member  
 Federation Position: \_\_\_\_\_

Date & Time of Arrival: \_\_\_\_\_  
 Date & Time of Departure: \_\_\_\_\_

**CANCELLATION POLICY:** Anyone cancelling prior to April 16th will receive a full refund, less a \$50.00 processing fee. **\*\*\*NO REFUNDS AFTER APRIL 16th.\*\*\***

**THERE CAN BE ABSOLUTELY NO WALK-INS FOR MEALS OR LODGING.**

Payor: Individual \_\_\_\_\_ Employer \_\_\_\_\_

**MAKE CHECK PAYABLE TO FNYIP CONVENTION FUND.**

*To pay by credit card, please complete the following:*

Total \$ _____		Charge to <input type="checkbox"/> AmEx		<input type="checkbox"/> Discover		<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard	
							Exp. Date		
							Verif. No.		
Cardholder's Name _____					Signature _____				

**RETURN THE CONVENTION REGISTRATION FORM AND PAYMENT TO CONVENTION SECRETARY:**

Kathy Cournoyer, c/o NYCM, 1899 Central Plaza East, Edmeston NY 13335  
 Tel.: 607-965-2551 Fax: 607-965-2286 Email: KCOURNOY@NYCM.COM

**ALL RESERVATIONS FOR ROOMS  
 MUST BE MADE DIRECTLY WITH THE HOTEL**

*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 for additional information and scholarship forms\*\*\***