



HONOR TREASURE SHAPE
 the past the present the future

2018 ANNUAL CONVENTION REGISTRATION FORM
June 22-24, 2018
 Hyatt Regency Hotel & Buffalo Niagara Convention Center
 Buffalo, NY

****Early Bird Price ends
May 1!**

Name: _____

Guest Name: _____

Pharmacy Name: _____ Position: _____

Address: _____ Phone: _____

Email: _____ Arrival Date: _____ Departure Date: _____

Emergency Contact: _____ Emergency Phone: _____

Circle Your Choice	Member Price Thru: May 1, 2018	Non-Member Price Thru: May 1, 2018	Member Price After: May 1, 2018	Non-Member Price After: May 1, 2018
Full Weekend (includes all meals, breaks, Solution Center entry and one banquet ticket)	\$350	\$400	\$400	\$425
Friday Only (includes meals, Solution Center entry and reception)	\$200	\$275	\$200	\$275
Saturday Only (includes breakfast, lunch, breaks and Solution Center entry)	\$200	\$275	\$200	\$275
Sunday Only (includes breakfast and break)	\$150	\$225	\$150	\$225
Student Full Weekend (includes all meals, breaks and Solution Center entry; banquet NOT included)	\$100	\$110	\$150	\$160
Banquet Meal choice:	Beef__ Chicken__ Vegan__			
A la Carte Items:				
Friday Night Harbor River Cocktail Cruise: Limited tickets!	\$25 Per Person	# tickets_____		
Guest Meal Tickets (Friday-Sunday; Saturday banquet NOT included)	\$100 Per Person	# tickets_____		
Installation Banquet Ticket	\$100 Per Person	# tickets_____		
Solution Center: (exhibit hall Friday only, includes reception)	\$50 Per Person	# tickets_____		
Contribute to Student Programming	(\$50 suggested)	\$_____		
Total Registration Due:		\$_____		

In order to create a safe and enjoyable environment for all our participants please answer the following questions: Registration will not be processed without all areas being answered.

Do you have any special needs or meal requirements? Yes/No if yes, please indicate:

Will you be attending all meals? Yes / No if no, which will you miss:

Is this your first PSSNY Conference? Yes / No

How did you hear about this convention?

Hotel Reservations please call: 888-421-1442 or <https://aws.passkey.com/go/PSSNY>

Payment Options: Cash Check: # _____ Credit Card: MC /Visa/ Amex/ Discover

Card # _____

Expiration: _____ Security Code: _____

Billing Address: *(If different than previous page)*

Signature _____ DATE: _____

Return this form to:

PSSNY, 210 Washington Avenue Ext, Albany, NY 12203

Fax to: (518) 464-0618 or Email to: staff@pssny.org Attention: Clare Hart

Registration can also be completed online at www.pssny.org.

**No refunds or cancellations on or after May 30, 2018, Prior to this date, a \$25.00 (per person) processing fee will be deducted from all refunds. Phone cancellations will not be accepted. Cancellations may be received via fax, email or regular mail. It is up to the registrant to confirm receipt of the cancellation request. No refunds will be issued for cancellations received after the deadline. In extenuating circumstances, to be determined solely by PSSNY, a voucher for attendance at another event might be offered. Additional fees may be required.*