



2019 CONVENTION REGISTRATION FORM

June 28-30, 2019 | Westchester Marriott



Name: _____ Guest Name: _____

Pharmacy Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Arrival Date: _____ Departure Date: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Circle Your Choice	Pricing: January –May 1, 2019		Pricing after May 1 2019:	
	Member	Non-Member	Member	Non-Member
Full Weekend (includes all meals, breaks, Solution Center entry and one banquet ticket)	\$375	\$450	\$425	\$500
NEW PRACTITIONER Full Weekend (includes all meals, breaks, Solution Center entry and one banquet ticket)	\$195	\$295	\$220	\$320
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	\$100	\$110
Banquet Meal Choice: <input type="radio"/> Beef <input type="radio"/> Chicken <input type="radio"/> Vegan				
A la Carte Items				
Guest Meal Tickets (Friday-Sunday; Saturday banquet NOT included)	\$125per person		# tickets_____	\$_____
Installation Banquet Ticket	\$100 per person		# tickets_____	\$_____
Solution Center (exhibit hall Friday only, includes reception)	\$50 per person		# tickets_____	\$_____
Total Registration Due:				\$_____

SPECIAL ACCOMMODATIONS:

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 allergies or special 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? _____

Are you a New Practitioner? Yes No (Graduated 2015 or later).

FOR HOTEL RESERVATIONS: please call: 800-882-1042

PAYMENT OPTIONS:

Cash | Check: # _____ | Credit Card (please select card type): MC Visa Amex Discover

Card # _____ Exp: _____ Security Code: _____

Billing Address: (If different than above) _____

Signature _____ Date: _____

Return completed 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, 2019, 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.

