

REGISTRATION FORM

PSSNY'S 2019 MID-WINTER MEETING

January 25-27, 2019
Albany Hilton Hotel



All lines must be filled in or we cannot process your registration

Name: _____

Pharmacy Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Arrival Date: _____ Departure Date: _____

Do you have any special dietary needs? Yes No If yes, please indicate: _____

Is this your first PSSNY Conference? Yes No

REGISTRATION FEES

Single session Registration Fees include lunch on Friday. To become a member, visit www.PSSNY.org.

Friday January 25, 2019 at 1:30pm	Single Friday Session includes Lunch:
Single Session: Discussion of Single Payer Health Care	\$50
Donation to Student Programming	(\$50 minimum suggested) \$ _____
Total Registration Due:	\$ _____

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 Extension, Albany, NY 12203 or Fax: 518-464-0618

* No refunds or cancellations on or after December 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.

