



2017 CNYSNLA Education Day and Trade Show – REGISTER TODAY!

ATTENDEE REGISTRATION FORM

Date: Wednesday, February 8, 2017 (registration 7:30 a.m.; presentations start at 8:15 a.m.)
Location: The Lodge at Welch Allyn, 4355 State Street Rd. (Route 321), Skaneateles Falls

The Lodge offers a comfortable, creative environment with easy access from all parts of CNY. Join nursery and landscape professionals and enjoy the resort atmosphere, catered food, DEC credits, great speakers, vendor specials, and more.

SHUTTLE SERVICE IS AVAILABLE FROM THE PARKING LOTS TO THE LODGE.

Look for a list of Education Day speakers -- to follow shortly!

REGISTRATION FEES:

EARLY DISCOUNT PURCHASE PRICING

ASSOCIATION MEMBERS (any region): \$75.00 Until December 18th.

Then increasing to \$95.00 December 18th through the date of the Show.

NON-MEMBERS: \$95.00 until December 18th, then increasing to \$115.00 through date of Show.

STUDENT PRICING: \$60.00 - must bring a valid student ID

Don't miss out on the early discount pricing! Send your registration and payment in today!

PLEASE NOTE: NO REFUNDS WILL BE GIVEN FOR CANCELLATION OR NON-ATTENDANCE (REGARDLESS OF WEATHER CONDITIONS).

Your Name _____ Date _____

Your Company Name _____

Address _____

City, State, and Zip _____

Phone () _____ Fax () _____ E-Mail _____

Please indicate if attendee(s) will be seeking DEC credits; and if so, provide DEC Cert. Number.

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Attendee Name _____ [] DEC credits? If so, your DEC Cert. # _____

Enclosed is a check for _____ reservations, at \$_____ each (until 12/18/16) for a total of \$_____ OR ...

Please charge my credit card for _____ reservations, at _____ each, (until 12/18/16) for a total of \$_____

Credit Card # _____ Exp. Date _____ Billing Zip Code _____

Send to the following address: CNYSNLA Region 4 ♦ P.O. Box 3293 ♦ Syracuse, NY 13220-3293

Thank you for your support of the Central New York State Nursery and Landscape Association!