

NYAPRS 6th Annual Executive Seminar on Systems Transformation
Transforming Systems and Services: From Policy to Practice

April 21-22, 2010 Crowne Plaza Albany, NY

1. General Information – PLEASE PRINT CLEARLY! Your name will appear exactly as you indicate. One registrant per form. Please photocopy this form for additional registrants. Please complete all parts.

Name _____ Title: _____

Organization _____

Address _____ City _____ State ____ Zip _____

Phone: (include area code) _____ Fax # _____

Alternate Phone: _____ Email: _____

2. Registration – The registration fee does not include hotel costs or meals unless you are staying overnight at the Crowne Plaza. The full conference fee includes registration for Wednesday and Thursday and all conference materials. (Lunch is included in the Crowne Plaza rate. If you are not staying at the Crowne Plaza, you can purchase your lunch under Section 3).

Early Registration Deadline is April 7, 2010.

Please check appropriate box:

\$ _____ **Early Full Registration \$225**

\$ _____ **Late Full Registration \$275**

\$ _____ **I am commuting on Wednesday, 4/21, for the rate of \$175 (see Section 3 for lunch rate).**

\$ _____ **I am commuting on Thursday for the rate of \$100.**

3. Meals – If you are not registered at the Crowne Plaza under the NYAPRS package rate, your Wednesday lunch is not included, as stated above.

Please check below to indicate what your lodging needs are:

I am staying at the Crowne Plaza, my Wednesday 4/21 lunch is included in my rate.

I am staying at another hotel and will purchase my lunch as designated below.

I am a commuter and will purchase my lunch as designated below — meals are not included in any of the above fees.

Lunch Rate:

\$ _____ **Lunch on Wednesday, 4/21 \$25**

Please check if appropriate: vegetarian kosher other _____

4. Payment for Registration & Meals:

\$ _____ **Total cost of registration (section 2)**

\$ _____ **Total cost of lunch (section 3)**

\$ _____ **Total amount due**

Check # _____ enclosed payable to NYAPRS or Purchase Order and/or credit card reservations may be faxed with registration form to: (518) 436-0044, all others must be mailed with check enclosed.

5. Special Requirements: _____

You must RSVP any special requirements to Mary at 518-436-0008 x23 or mary@nyaprs.org

6. Charge my credit card: American Express Discover MasterCard Visa

Name on card (please print): _____

Card no: _____ Security Code: _____ Expiration date: _____

Signature of card holder authorizing charge to card: _____

Mail check and completed registration form to:
NYAPRS
Attn: Executive Seminar Registration
1 Columbia Place, 2nd Floor
Albany, NY 12207
Phone: (518) 436-0008 • Fax: (518) 436-0044

Cancellation Policy
Participants that are registered for a workshop and cancel up to 72 hours prior to the program will receive a 50% refund. No refunds will be given for individuals who cancel less than 48 hours prior to the event. Cancellations MUST be in writing (fax, mail or email).

See reverse for Hotel registration.

