

**NYSCC Legislative / Spring Meeting Registration fee: \_\_\_\_\_ (\$30 per person)**

My check, payable to NYSCC, is enclosed.

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ Check here if you will be using the College's wifi connection during the meeting

**Return this form with your payment no later than March 30 to:  
NYSCC, 8 East Main Street, Ilion, NY 13357-1899**