

ACBNY
2018 Legislative Registration

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____, E mail: _____

Room nights \$84 each: _____ # of nights

My Roommate(s) are: _____

_____ Saturday, _____ Sunday

Registration Fee \$20 payable by all attendees.

Lunch: \$22 includes

Vegetable soup, Saratoga chips, dessert, soft drinks, tea or coffee.

_____ Monty Crisco

_____ Turkey BLT

_____ Tuna Croissant

_____ Chicken Caesar Salad

_____ Grilled Veggie Wrap

Sponsorship, \$_____, Thank you.

Total = Rooms * \$84 + 20 (Admin) + \$22 Lunch + Sponsorship

Thank you, please make your payment payable to ACBNY send it to:

Mike Godino

c/o ACBNY

104 Tilrose Ave.

Malverne, NY 11565-2024