

# THE COUNCIL'S 2019 WINTER INSTITUTE STRATEGIC PARTNER REGISTRATION FORM

**PLEASE COMPLETE A SEPARATE STRATEGIC PARTNER REGISTRATION FORM FOR EACH COMPANY REPRESENTATIVE.**

## 1. STRATEGIC PARTNER REGISTRATION INFORMATION:

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

E-mail Address (Print clearly): \_\_\_\_\_

Do you have special needs?  Yes  No

If yes, please clarify: \_\_\_\_\_

## 2. INSTITUTE FEES (PLEASE CHECK ALL THAT APPLY)

Signature and Premier Partners are entitled to six complimentary registrations with their 8' deep x 10' wide exhibit contract. All exhibit options must be preselected with your Menu of Marketing Benefits in your Strategic Partner contract.

If a Strategic Partner brings more than six representatives or exceed the number of additional registrations purchased in the Strategic Partner Program, LEAF, Inc. & The Council will charge \$574 for each additional person. Please select the appropriate box:

Premier or Signature Exhibitor Registration (8' deep x 10' wide) (Up to 6 registrations as per contract\*) \_\_\_\_\_ Contractual

Individual Registration (1 registration as per contract/No booth) \_\_\_\_\_ Contractual

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Additional Registration(s) \$574 x \_\_\_\_\_ (No. of additional registrations) = \$ \_\_\_\_\_

**REQUIRED Meal Package Fee (Includes breakfasts, 1 reception, 1 lunch, 3 breaks and 1 dessert reception) \$75 per registrant**

## 3. INSTITUTE TOTAL/PAYMENT OPTIONS

Three Easy Ways to Pay:

Check or money order made payable to LEAF, Inc.

Purchase Order #: \_\_\_\_\_  
Please include Purchase Order with this form made payable to LEAF, Inc., does not include hotel cost.

Credit Card Payment to LEAF, Inc.:  Master Card  Visa  
(Please note: we DO NOT ACCEPT American Express.)

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Card Holder's

Signature: \_\_\_\_\_

Registration processing **may be delayed** without credit card information, check or attached Purchase Order Form.

## INSTITUTE TOTAL (COMPLETED BY STAFF)

Institute Fees and Meals

\$ \_\_\_\_\_

## 4. BOOTH SELECTION/CONTRACT

*IF YOU ARE EXHIBITING AT THE 2019 WINTER INSTITUTE, PLEASE COMPLETE THE FOLLOWING INFORMATION:*

Final Exhibit Booth Number: \_\_\_\_\_

Signature of Company Representative: \_\_\_\_\_

This signature confirms your booth location and means you agree to follow the instructions presented in the Contract for Exhibit Space contained in this registration brochure.

## REGISTRATION CONFIRMATION

All attendee event confirmations will be sent via e-mail directly from The Council's confirmation system to each e-mail address provided on form. This confirmation is separate from the hotel confirmation.

**Please complete this form and scan/email to [deidre@nyscoss.org](mailto:deidre@nyscoss.org) or mail or fax to:**



2019 Winter Institute Registration  
7 Elk Street, Third Floor - Albany, NY 12207-1002  
Fax: 518.426.2229