

New York State College Health Association 2010 Annual Meeting

OCTOBER 20-22, 2010 • SHERATON SYRACUSE UNIVERSITY HOTEL & CONFERENCE CENTER • SYRACUSE, NY

REGISTRATION FORM

Last Name: _____ First: _____ Preferred Degree: _____

Position/Title: _____

Your Discipline: Physician Adv. Practice Clinician Nurse Clinical Support Health Promotion Mental Health
 Administration Receptionist/Clerical Student Other _____

Institution/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

1. REGISTRATION

Through *After*
October 11 October 11

Full 3 day registration * \$250 \$300
Single Day, Wednesday \$80 \$95
Single Day, Thursday \$110 \$130
Single Day, Friday \$60 \$75

Full-time Student: Include copy of student ID with registration.

Full 3 day registration * \$25
One day or 2 half days No charge

* Meals included with the full 3 day conference registration fee:

Wednesday: Lunch and an evening dessert reception
Thursday: Breakfast, lunch, reception, and Annual Banquet
Friday: Breakfast

The single day registration includes the meals on that day.

2. CONTINUING EDUCATION (CE) CREDITS

We intend to offer CE credits for the following: CME, CH Nurse Contact Hours, and CHES. Specific credit information will be listed on the final conference program.

£ I will be applying for CE credits.
£ I will *not* be applying for CE credits.

3. MEAL SELECTIONS – Check one choice for each meal.

Wednesday – Lunch

£ Chicken
£ Fish
£ Vegetarian

Thursday – Annual Banquet

£ Chicken £ Fish
£ Vegetarian

NOTE: If attending the full conference, make a choice for both meals. If attending for a single day, choose a meal for the day you will attend.

TOTAL PAYMENT DUE \$ _____

Please note: There is no extra charge for CE credits.

Make check payable to: New York State College Health Association or NYSCHA.

Mail your registration form and check to:

Maureen Emerson, CMA
NYSCHA Treasurer
UHS, University of Rochester
Box 270617, Rochester, NY 14627

Phone: (585) 275-0491
Fax: (585) 276-0149
E-mail: memerson@uhs.rochester.edu

NYSCHA cannot accept payment by credit card.

REGISTRATION CANCELLATION POLICY

- Through October 1, 2010: Reimbursed fully.
- October 2 – October 12, 2010: Charged \$50 processing fee; remainder of registration will be refunded.
- After October 12, 2010: No refund

NYSCHA Tax ID #
23-7289786

HOTEL INFORMATION – Sheraton Syracuse University Hotel & Conference Center, Syracuse, New York

Conference room rates are available through September 30, 2010. 315-475-3000 or 800-395-2105

You must make your reservations directly with the hotel. The conference room rates are \$124/night for a single, \$134/night for a double, \$144/night for a triple, and \$154/night for a quad (2 beds). Parking is available in the hotel's attached parking garage is complimentary for registered hotel guests. When reserving your room, please identify yourself as a member of the *NYS College Health Association – Annual Meeting 2010*. Hotel conference rates are available through September 30, 2010. To take a look at the hotel, check the hotel's web site at www.sheratonsyracuse.com. The hotel is wheelchair/ disability accessible.

QUESTIONS? For information about the Annual Meeting, check www.NYSCHA.org.

If you have special needs, please let us know by including a request with your registration form. You can contact Linda Dudman, NYSCHA Conference Planner, at (585) 273-5770 or ldudman@uhs.rochester.edu for program-related questions or questions related to registration.

It is the policy of NYSCHA and NECHA to provide educational opportunities regardless of race, creed, color, gender, national origin, sexual orientation, disability, or veteran status.