

2019 New York Statewide Payroll Conference Registration

First Name: _____	Last Name: _____		
Email Address: _____			
Company Name: _____			
Company Address: _____			
Title: _____	Email Address: _____		
Certifications: CPP: _____	FPC: _____	PHR: _____	Other: _____
Local Chapter Affiliation: _____			
National APA Affiliation: Yes/No If Yes – APA ID#: _____			

Registration Fees:

____ Early Bird.....\$299.00

(Registration and Fees must be received BEFORE 09/04/19)

____ Early Bird + Meals for 1 Guest (not attending the conference).....\$379.00

(Registration and Fees must be received BEFORE 09/04/19)

Please enter guest's name: _____

____ 2 Day Registration.....\$389.00

(Registration and Fees received AFTER 09/04/19)

____ 2 Day Registration + Meals for 1 Guest (not attending the conference).....\$469.00

(Registration and Fees received AFTER 09/04/19)

Please enter guest's name: _____

____ 1 Day Registration.....\$199.00

____ 1 Day Registration + Meals for 1 Guest (not attending the conference)..... \$279.00

Please enter guest's name: _____

• Do you have any Dietary Restrictions? Yes _____ No _____

○ If yes, please provide details: _____

Please choose one option for each session (Topic summaries can be found online at <http://www.nyspayrollconf.org/2019-conference/>)

Breakout Session 1: Thursday, 9/26

- _____ Session 1 Title, Session 1A Speaker, Business
- _____ Session 1 Title, Session 1B Speaker, Business
- _____ Session 1 Title, Session 1C Speaker, Business
- _____ Day 2 Only

Breakout Session 2: Thursday, 9/26

- _____ Session 2 Title, Session 2A Speaker, Business
- _____ Session 2 Title, Session 2B Speaker, Business
- _____ Session 2 Title, Session 2C Speaker, Business
- _____ Day 2 Only

Breakout Session 3: Thursday, 9/26

- _____ Session 3 Title, Session 3A Speaker, Business
- _____ Session 3 Title, Session 3B Speaker, Business
- _____ Session 3 Title, Session 3C Speaker, Business
- _____ Day 2 Only

Breakout Session 4: Friday, 9/27

- _____ Session 4 Title, Session 4A Speaker, Business
- _____ Session 4 Title, Session 4B Speaker, Business
- _____ Session 4 Title, Session 4C Speaker, Business
- _____ Day 1 Only

Breakout Session 5: Thursday, 9/27

- _____ Session 5 Title, Session 5A Speaker, Business
- _____ Session 5 Title, Session 5B Speaker, Business
- _____ Session 5 Title, Session 5C Speaker, Business
- _____ Day 2 Only

Mail Registration Form and Payment to:

NY Statewide Payroll Conference

PO Box 1624

Fairport, NY 14450

Cancellation and Transfer Policy: Cancellations received prior to September 8th 2019, will be refunded in full. No registration will be refunded after September 8th. However, we will allow registration substitutions as long as NYSPCA is notified in advance of the conference date. Please email Heidi Raven @ heidi.raven@adp.com with substitution requests.