

NYSCOPBA
102 Hackett Boulevard
Albany, NY 12209
Registration Form
Executive Assembly Meeting
The Desmond
660 Albany Shaker Road Albany, NY 12211
(518) 869-8100
December 11 & 12, 2019

Name: _____

Address: _____

Telephone Number: _____

Sector: _____

How Many Attending
From Sector

(Besides Yourself): _____

Date of Arrival: _____

Date of Departure: _____

Smoking Preference: _____

PLEASE SUBMIT THIS FORM NO LATER THAN **November 22, 2019** IN ORDER FOR PROPER ARRANGEMENTS TO BE MADE. IF YOU ARE MAILING THIS FORM PLEASE SEND IT TO ATTN: **LISA SUOMINEN**

** NOTE: If you are requesting additional EOL time, include your work shift and date(s) needed. You **MUST** work an **afternoon** or **evening** shift and be at least **200** miles from Albany to be granted travel time.

DATE & SHIFT HOURS _____