



SEHSA 2017 Fall Conference Registration Form

Please complete one registration form per attendee.

Name (Print): _____ Title: _____

Preferred Name for Name Tag: _____

Institution: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

SEHSA Member: _____ Not SEHSA Member: _____

Please state any dietary restrictions: _____

We will make every effort to accommodate participants with special needs. If you have special needs, please specify: _____

Guest Name (Print): _____

Option	Includes	Member Fee	Non-Member Fee
Full Conference	<i>Includes: Conference Registration, Monday Morning Breakfast, Lunch, and Breaks, Hors d'oeuvres & Wine Tasting Monday Night, Tuesday Breakfast, Breaks, Lunch, and Banquet Buffet Dinner, Wednesday Breakfast, (excludes Professional Development Workshop).</i>	\$325.00	\$375.00
Student Registration	<i>For students with Valid ID includes: Conference Registration, Monday Morning Breakfast, Lunch, and Breaks, Hors d'oeuvres & Wine Tasting Monday Night, Tuesday Breakfast, Breaks, Lunch, and Banquet Buffet Dinner, Wednesday Breakfast, (excludes Professional Development Workshop).</i>	\$325.00	N/A
Guest Registration	<i>For Guests of Conference attendees includes: Monday Breakfast Hors d'oeuvres, and Wine Tasting, Tuesday Breakfast, Lunch, and Banquet Buffet Dinner, Wednesday breakfast, (excludes Professional Development Workshop, conference sessions, and breaks).</i>	\$200.00	N/A
Professional Develop Workshop Discovering My Leadership Voice	<i>Includes Professional Development workshop</i>	\$150.00	N/A

Total Conference Fee (enter the amount you owe): \$ _____

Acceptable methods of payment include: purchase orders, organizational checks, personal checks, money orders.

Provide PO# if applicable. **Please make checks payable to: "SEHSA"**

SEHSA Federal ID #: 51-0547499

Registration Deadline: September 29th, 2017

Mailing Address

**SEHSA
2363 James St. Box #1013
Syracuse, NY 13206**