

NYSBDA 2012 Symposium Registration Form



Please return registration form to:

NYSBDA
PO Box 543
Camillus, NY 13031

Hotel Registrations:

I have made reservations at:

Doubletree Hotel

Another Hotel _____

Reservation not necessary:

Pre-registration fee (non-refundable):

NYSBDA Members \$60.00

Non-Members \$135.00
(includes NYSBDA membership)

Registration fee at Symposium (members) \$75.00

Name: _____

Preferred Name on ID Badge: _____

Name of School or Business: _____

Name of School District: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone: () _____

Email address: _____

Symposium participants are encouraged to participate in the Symposium Directors' Band that will be featured on H. Robert Reynolds' clinic.

I will be participating as a member of the Symposium Directors' Band and will play (list instrument) _____. I can also play _____ if needed.

I will not be participating as a member of the Symposium Directors' Band

I would be interested in serving as a chaperone for Honor Band students (If yes, you will be contacted as to specific assignments).