



NYS Bones Conference 2019: Saratoga Casino & Hotel
September 25-27, 2019

Registration Form (please print)

Participant Name: _____ Title: _____

Practice Name: _____

Address: _____

Phone: (_____) - _____

Email Address: _____

If you bring a new member to the conference, your fee will be reduced by \$75.00. Reach out to others you know that could benefit from NYSBones and reap the reward! You will also be eligible for a \$25.00 gift card, so this conference could cost you \$0.

Conference Fees:

Member Qty. @ \$100 = _____

Member Staff Qty. @ \$150 = _____

Non Member Qty. @ \$200= _____

Total Due: \$ _____

Staff Member Name _____ Title _____ Email _____

Staff Member Name _____ Title _____ Email _____

Staff Member Name _____ Title _____ Email _____

Credit Card Payment (Visc, MC, Discover, Amex):

Card Number _____ Exp Date _____ CSV _____

Card Holder Name _____ Card Billing Zip Code _____

Cash/Check:

Mail with Registration Form to: NYSBones, PO Box 584, Slingerlands, NY 12159

Go online for details to reserve your room at the Saratoga Casino & Hotel or at the Hilton Garden Inn Saratoga Springs for reduced rates