



New York State
Athletic Administrators Association, Inc.

www.nysaaa.org

e-mail: nysaaa@yahoo.com

**2009 Conference Registration
March 18-21, 2009
Saratoga Springs, New York**

(PLEASE TYPE OR PRINT)

Name: _____ RAA CAA CMAA (please circle one)

School: _____ E-Mail Address: _____

School Street Address: _____

School Phone: _____ School Fax: _____

City: _____ State _____ Zip _____

NYSAAA Chapter (Section) Number (1-11, CHSAA) _____ Retired: _____

Amount Enclosed:

Conference Registration (Member).....\$195.00 \$ _____

Retiree Conference Registration.....\$95.00 \$ _____

Retiree NYSAAA Dues\$15.00 \$ _____

NYSAAA/NIAAA Dual Membership Dues\$105.00 (DOB _____) \$ _____

Conference Registration at Conference.....\$205.00 \$ _____

Conference Registration for Non-Athletic Admin.\$240.00 \$ _____

Total Amount \$ _____

Make checks payable to: NYSAAA

**Mail to: Christine Rozek
Binghamton City School District
98 Oak Street, Binghamton, NY 13905
Phone: (607) 762-8148 (607) 762-6028 (fax)
e-mail: rozekc@binghamtonschools.org**

**Please do not forward registration after March 13, 2009. Register on-site in Saratoga Springs.
Registration fees will be refunded only if registrar is notified of cancellation prior to March 13, 2009.**

**Hotel reservations must be made directly with the hotel.
Please do not send hotel reservations to conference registrar.**

Conference Registrar Use Only

Date Received: _____ Check # _____ P.O. Number: _____