

NYSBDA 2024 Symposium Registration Form



Mail form and check to:

**NYSBDA
PO Box 1396
Webster, NY 14580**

Hotel Registrations:

I have made reservations at:

Doubletree Hotel

Another Hotel _____

Reservation not necessary:

Pre-registration fee (non-refundable):

NYSBDA Members \$85.00

Members \$170.00 (includes NYSBDA membership)

Registration fee at Symposium (members) \$100.00

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 in the clinic with Frank Ticheli.

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).