

## ON-SITE REGISTRATION FORM

**Please complete one form per registrant.**

### **1. GENERAL INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **2. REGISTRATION FEE:** Please check **one** of the following choices:

\$250 NYSRA, NYSACRA OR NYSARC Member Registration Fee  
 \$325 Non-Member Registration Fee

#### **Image Release/Authorization:**

Executable upon registration, I hereby give full consent and permission to the NYSACRA and NYSRA and assign the irrevocable right to use for any purpose and without compensation, the use of my image and likeness in photographs, films, videotapes and/or text copy. Furthermore, I understand that the photograph, film, videotape and/or text copy is public information and may be released at any time without further permission or consent by me.

### **3. PAYMENT INFORMATION:**

\$ \_\_\_\_\_ **Total Cost for Registration**

**To pay by credit card**, please provide your information below:

MasterCard       Visa

#### **PAYMENT TYPE (please check one):**

Credit Card (Please complete section below)  
 Check (Indicate Check # \_\_\_\_\_)  
 Invoice Organization

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV# (3-4 digit code on back of card) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Authorized Signature \_\_\_\_\_