

2019 Midterm Registration Form

Name: _____ Club Name: _____

State Position Held: _____

Local Club Position Held: _____

Your Phone Number: Daytime _____ Evening _____

Email address: _____

Any Dietary/Handicap Needs: _____

What night(s) are you staying? Thurs. _____ Fri. _____ Sat. _____

Would you like to participate in a group event on Friday night?? Yes _____ No _____

If yes, we will gather in the lobby of the hotel at 5:30 Friday night

Completed form & non-refundable registration fee of \$40

(check payable to NYSOMOTC)

must be received by October 1, 2019.

There is a \$10.00 late fee for registrations post marked after October 1st 2019.

Mail to: Michele Szatkowski, 638 Smugglers Cove, Macedon NY 14502