



**46<sup>th</sup> ANNUAL CONFERENCE OF THE  
STATE SOCIETY ON AGING OF NEW YORK  
OCTOBER 24-26, 2018**

**CONFERENCE REGISTRATION FORM**

Please use one form for each individual registering for the conference. The form may be photocopied to register additional persons. All persons/presenters who attend or participate in the conference must register and pay fees. Full payment must accompany the registration form. If you cannot pre-register by October 6, 2018, please pay at the conference. Requests for registration refunds must be submitted in writing to the SSA Conference Co-Chair and postmarked no later than October 6, 2018. A 25% handling charge will be charged for refunds. There will be no refunds made after that date. Please enclose a check, voucher, or money order. SSA is not able to accept payment by credit card.

**Please type or print clearly. This information will be used for your name badge:**

Name & Highest Degree _____ Affiliation _____ Address _____ City _____ State _____ ZIP _____ Phone (Day) _____ Email _____	Please make check payable to <b>SSA</b> and mail registration form with payments to: Janna Heyman, SSA Conference Co-Chair c/o Fordham Grad School of Social Service 400 Westchester Avenue West Harrison, NY 10604 (914) 367-3030 heyman@fordham.edu
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<b>Conference Fees:</b>	<b>Received by October 6</b>	<b>After October 6</b>	
<b>Full Conference Registration:</b>			
Professional SSA member*	\$250.00	\$300.00	\$ _____
Non-member	\$325.00	\$375.00	\$ _____
Full-time student (SSA Member)**	\$ 80.00	\$100.00	\$ _____
Full-time student (non-SSA Member)**	\$110.00	\$130.00	\$ _____

<b>One day conference registration:</b>			
Professional SSA member*	\$140.00	\$190.00 x _____ days	\$ _____
Non-member	\$175.00	\$225.00 x _____ days	\$ _____
Full-time student (SSA Member)**	\$ 60.00	\$ 75.00 x _____ days	\$ _____
Full-time student (non-SSA Member)**	\$ 75.00	\$ 95.00 x _____ days	\$ _____

\*SSA Membership  
 (\$40.00 for professionals, \$15.00 for students/seniors, and \$75 for organizations) \$ \_\_\_\_\_  
 Membership coverage period runs through December 31, 2018

**Total Amount Enclosed** \$ \_\_\_\_\_

**Days(s) of Attendance:**  Wednesday 10/24  Thursday 10/25  Friday 10/26  All

**Dietary Restrictions:**  None  Kosher  Vegetarian

\*\*Students: Please enclose conference registration fees and provide necessary signatures below.

Student Signature: \_\_\_\_\_ College/University: \_\_\_\_\_

Professor Signature: \_\_\_\_\_ Department/School: \_\_\_\_\_

**Note:** Please check sponsorship materials for information on complimentary registration for sponsors based upon level of sponsorship

**For questions, contact Conference Co-Chairs:**  
 Annette Hintenach at Annette.Hintenach@va.gov or Janna Heyman at heyman@fordham.edu