



**47th ANNUAL CONFERENCE OF THE
STATE SOCIETY ON AGING OF NEW YORK
OCTOBER 29-30, 2019**

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 15, 2019, please pay at the conference. Requests for registration refunds must be submitted in writing to the SSA Treasurer and postmarked no later than October 15, 2019. 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 **SSA** and mail registration form with payments to:
Janna Heyman, SSA Treasurer
c/o Fordham Grad School of Social Service
400 Westchester Avenue
West Harrison, NY 10604
(914) 367-3030
heyman@fordham.edu

Conference Fees:

Full Conference Registration:

	Received by October 15	After October 15	
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	\$ _____

One day conference registration:

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, 2019

Total Amount Enclosed \$ _____

Days(s) of Attendance: Tuesday 10/29 Wednesday 10/30 Both days

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:

James O'Neal at joneal1306@aol.com or Janna Heyman at heyman@fordham.edu