

# THE COUNCIL'S 2024 WINTER INSTITUTE STRATEGIC PARTNER REGISTRATION FORM

**PLEASE COMPLETE A SEPARATE STRATEGIC PARTNER REGISTRATION FORM FOR EACH COMPANY REPRESENTATIVE.**

## 1. STRATEGIC PARTNER REGISTRATION INFORMATION:

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name for Badge: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Attendee's E-mail  
Address (Print clearly): \_\_\_\_\_

CC E-mail (Print clearly): \_\_\_\_\_

## 2. INSTITUTE FEES (PLEASE CHECK ALL THAT APPLY)

Partners are entitled to four complimentary registrations with their 8' deep x 10' wide (or 6' draped table) exhibit contract. All exhibit options must be preselected with your Menu of Marketing Benefits in your Strategic Partner contract.

If a Strategic Partner brings more than four representatives or exceed the number of additional registrations purchased in the Strategic Partner Program, LEAF, Inc. & The Council will charge \$682 for each additional person. Please select the appropriate box:

- Exhibitor Registration  
(8' deep x 10' wide or 6' draped table)  
(Up to 4 registrations as per contract\*) \_\_\_\_\_ Contractual
- Individual Registration  
(1 registration as per contract/No booth) \_\_\_\_\_ Contractual

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- Additional Registration(s)  
\$682 x \_\_\_\_\_ (No. of additional registrations) = \$ \_\_\_\_\_

- REQUIRED Meal Package Fee**  
**(Includes breakfasts, 1 reception, 1 lunch, 2 breaks and 1 dessert reception) \$92 per registrant.**

## 3. INSTITUTE TOTAL/PAYMENT OPTIONS

Three Easy Ways to Pay:

- Check or money order made payable to LEAF, Inc.
- Purchase Order #: \_\_\_\_\_  
Please include Purchase Order with this form made payable to LEAF, Inc., does not include hotel cost.
- Credit Card Payment to LEAF, Inc.:  Master Card  Visa  
**(Please note: we DO NOT ACCEPT American Express.)**  
Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name on Card (please print): \_\_\_\_\_

Card Holder's  
Signature: \_\_\_\_\_

Registration processing **may be delayed** without credit card information, check or attached Purchase Order Form.

## INSTITUTE TOTAL (COMPLETED BY STAFF)

Institute Fees and Meals, if applicable.

\$ \_\_\_\_\_

## 4. BOOTH SELECTION/CONTRACT

*IF YOU ARE EXHIBITING AT THE 2024 WINTER INSTITUTE, PLEASE COMPLETE THE FOLLOWING INFORMATION:*

Final Exhibit Booth Number: \_\_\_\_\_

Signature of Company Representative:

\_\_\_\_\_

This signature confirms your booth location and means you agree to follow the instructions presented in the Contract for Exhibit Space.

## REGISTRATION CONFIRMATION

All attendee event confirmations will be sent via e-mail directly from The Council's confirmation system to each e-mail address provided on form. This confirmation is separate from the hotel confirmation.

**Please complete this form and scan/email to [deidre@nyscoss.org](mailto:deidre@nyscoss.org) or mail or fax to:**



2024 Winter Institute Registration  
7 Elk Street, Third Floor - Albany, NY 12207-1002  
Fax: 518.426.2229