



# NYS Disability Services Council Fall Meeting

## November 9-10, 2011

**\*\*PRE-REGISTRATION IS REQUIRED (No walk-ins, please)\*\***

**Cancellations will be accepted up to 7 days prior to event for full refund. No refunds after November 2nd.**

Name \_\_\_\_\_ 2011 NYSDSC member? \_\_\_ yes \_\_\_ no  
 Institution \_\_\_\_\_  
 Position and Office Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Section 1: NYSDSC Fall Meeting

\_\_\_\_\_ Please register me for the NYSDSC Meeting  
 I plan to attend (**IMPORTANT:** for planning purposes, please check all that you plan to attend):

_____ Wednesday, New Provider Training	_____ Thursday, Full Breakfast
_____ Wednesday, AM session starting 10:45	_____ Thursday, AM sessions
_____ Wednesday, Lunch	_____ Thursday, Business Meeting Lunch
_____ Wednesday, PM session	_____ Thursday, PM sessions

#### **NYSDSC Meeting fees for registrations and payment received by October 24**

(Any individuals from an institution holding an Institutional Membership may attend at the member rate.)

Member rate, full meeting .....	\$99	Non-member rate, full meeting .....	\$119
Member rate, one day only .....	\$69	Non-member rate, one day only .....	\$89

**Fees include AM and PM refreshments, breakfast and lunch both days**

#### **NYSDSC Meeting fees for registrations and payment received after October 24**

Member rate, full meeting .....	\$114	Non-member rate, full meeting .....	\$134
Member rate, one day only .....	\$84	Non-member rate, one day only .....	\$104

### Section 2: NYSDSC Membership Rates: Full membership: \$50 individual; \$125 institutional (3 members), \$30 each additional member per institution. Associate membership: \$40 individual; \$100 institutional

\_\_\_\_\_ I am not yet a member but I would like to attend at the Member rate. Please sign me up for 2011 NYSDSC Membership (enclose a completed Membership Form found at <http://www.nysdsc.org>)  
 \_\_\_\_\_ Please renew my membership for 2012 (enclose completed membership form)

### Section 3: Dietary Restrictions/Other Accommodations (check any that apply)

_____ Ova/Lacto Vegetarian	_____ Vegan	_____ Low Sodium
_____ Traditional Vegetarian	_____ Diabetic	_____ Kosher

Please notify Michele Fish (607 254-4545; [mdf6@cornell.edu](mailto:mdf6@cornell.edu)) by October 24 of the need for any disability-related accommodations, including alternate format materials.

### Total Amount Due

Section 1: NYSDSC Fall Meeting Registration ..... \$ \_\_\_\_\_  
 Section 2: 2011 or 2012 Membership ..... \$ \_\_\_\_\_  
**Total Amount Due: .....** \$ \_\_\_\_\_

**To reserve your spot while payment is processing, please fax or e-mail a copy of your completed form to 607-255-1562/[mdf6@cornell.edu](mailto:mdf6@cornell.edu)**

For hotel reservations, contact the [Albany Marriott on Wolf Road](#) **by October 20<sup>th</sup>** to receive the guaranteed \$104 per night rate.

**Make Checks Payable to: NYSDSC**  
(Federal ID #80-0648594)

Mail copy of registration form with  
check to:

Michele Fish, NYSDSC Treasurer  
Student Disability Services  
Cornell University  
420 CCC  
Ithaca, NY 14853

For questions:  
607-254-4545; [mdf6@cornell.edu](mailto:mdf6@cornell.edu)

**OR**



**Credit Card Payments – Fax Form to 607-255-1562**  
(If you prefer to phone in your credit card information, fax your form,  
then call 607-255-9500 and speak directly to Michele Fish or leave a message.)

Cardholder Name: \_\_\_\_\_  
Credit Card Type: VISA \_\_\_\_ M/CARD \_\_\_\_ DISCOVER \_\_\_\_ AMEX \_\_\_\_  
Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_ Amount: \$\_\_\_\_\_  
Billing Street Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_