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41ST ANNUAL MEETING, OCTOBER 13-15, 1995
REGISTRATION FORM

Please complete this form (one per person) and return it with your remittance to: Cyndi Trembley at the address below.

Preregistration forms must be postmarked by October 2, 1995. Checks should be made payable to:
ALLUNY

NAME: _____

LIBRARY/INSTITUTION: _____

ADDRESS: _____

PHONE: _____

MEETING REGISTRATION (meals included)

Weekend

members: \$ 50. _____
nonmembers: 65. _____
students: 30. _____

Friday

members: 20. _____
nonmembers: 35. _____
students: 15. _____

Saturday

members: 30. _____
nonmembers: 45. _____
students: 20. _____

INDIVIDUAL MEAL TICKETS

Friday

Lunch: 10. _____
Dinner: 15. _____

Saturday

Breakfast: 5. _____
Lunch: 10. _____
Dinner: 20. _____

Sunday

Breakfast: 5. _____

SPECIAL MEAL REQUIREMENTS

Vegetarian: _____

Kosher: _____

Other: _____

TRANSPORTATION NEEDED TO

Webster Plant (Friday afternoon): _____

Memorial Art Gallery (Sat. Evening): _____

\$20.00 late fee after 10/2/95 (also applies to on-site registration): _____

c/o BOND, SCHOENECK & KING, LLP * ONE LINCOLN CENTER * SYRACUSE, NEW YORK 13202

Total: _____