

# Security Registration Form



Complete the form below & mail, fax or email to:

**Mail:** IBANYS  
19 Dove Street, Suite 101  
Albany, NY 12210

**Fax:** (518) 436-4648

**Email:** lindag@ibanys.net

**Registration Deadline:** Wednesday, May 1, 2019

\*No refunds will be given after this date

**Questions:**

**Contact:** Linda Gregware  
lindag@ibanys.net or (518) 436-4646

## Please Check One:

**Date: Tuesday, May 7, 2019**

**Location:** RIT Inn & Conference Center  
5257 W. Henrietta Road  
Henrietta, NY 14467

**Date: Wednesday, May 8, 2019**

**Location:** Hampton Inn Poughkeepsie  
2361 South Road  
Poughkeepsie, NY 12601

**Bank/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### Payment

**My check (*made payable to IBANYS*) is enclosed**

**Member: \$275 per person**

**Charge**

**Non-Member: \$325 per person**

Visa/Mastercard/AMEX number: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_