

NYSPFFA
LABOR LAW CONFERENCE
2019 REGISTRATION FORM
February 25TH- February 27TH 2019

LOCAL NAME: _____

LOCAL NUMBER: _____

PARTICIPANT(S) NAME:

NUMBER OF PARTICIPANTS: _____ x \$250.00 = _____

(Make Check Payable To - NYSPFFA)

MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:
*(Registration fee **must** accompany this form)*

NYSPFFA
174 WASHINGTON AVENUE
ALBANY, NEW YORK 12210