

**NEW YORK STATE PROFESSIONAL FIRE FIGHTERS ASSOCIATION
CONVENTION PICNIC & COCKTAIL RECEPTION – SYRACUSE, NEW YORK
REGISTRATION FORM – JUNE 24TH & 27TH , 2014**

LOCAL NAME: _____

LOCAL NUMBER: _____

PICNIC PARTICIPANT(S):

1. _____

2. _____

3. _____

4. _____

COCKTAIL RECEPTION PARTICIPANT(S):

1. _____

2. _____

3. _____

4. _____

**BE ADVISED THAT THE COCKTAIL RECEPTION WILL BE TAKING PLACE OF THE
BANQUET. FIRE FIGHTER OF THE YEAR, UNION PERSON & SCHOLARSHIP WINNERS
WILL BE PRESENTED DURING THIS RECEPTION**

FEES:

KEEP IN MIND YOUR LOCAL'S LEGISLATIVE FEE AND PER CAPITA MUST BE PAID IN FULL IN ORDER TO BE SEATED AT CONVENTION!

PICNIC TICKETS: Total ____ x \$ 65.00 = _____

COCKTAIL RECEPTION TICKETS: Total ____ x \$ 55.00= _____

GRAND TOTAL: \$_____

MAIL REGISTRATION FORM ALONG WITH PAYMENT TO:
(Make Check Payable To - NYSPFFA)

NYSPFFA
174 WASHINGTON AVENUE
ALBANY, NEW YORK 12210