

CORNELL UNIVERSITY
ILR SCHOOL OF INDUSTRIAL AND LABOR RELATIONS
2015 REGISTRATION FORM
March 16th - 18th 2015

LOCAL NAME: _____

LOCAL NUMBER: _____

PARTICIPANT(S) NAME:

NUMBER OF PARTICIPANTS: _____ x \$300.00 = _____

(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