



2022 Virtual Education Series Registration Form

You can also register online at <https://www.nysnla.com/virtual-education-series-2022>.

If you wish to register multiple people for this Series, please fill-in additional registrants on page 2.

Contact Person/Registrant 1: _____ Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Company Website: _____ CNLP #: _____ DEC NY Certification #: _____

I am: Registering Myself Registering more than 1 person *(Please complete page 2 of this form.)*

Please choose your registration rate from the table below:

Registration Type	Member Rate	Non-Member Rate	Student Rate <i>(must provide proof of current enrollment)</i>
Entire Program Series	___ \$125.00	___ \$150.00	___ \$80.00
NYSNLA Symposium <i>ONLY</i> – February 2	___ \$35.00	___ \$60.00	___ \$20.00
Regional Education Days Series (All 5 Sessions) <i>ONLY</i>	___ \$90.00	___ \$115.00	___ \$50.00
Any Single Education Day Session <i>* Check Below</i>	___ \$20.00	___ \$45.00	___ \$10.00

*** Check which session(s) you are registering for:**

___ Reg. 6 on 2/3 | ___ Reg. 5 on 2/10 | ___ Reg. 4 on 2/17 | ___ Reg. 7 on 2/23 | ___ Reg. 8 on 3/2 |

Payment Details

Total Amount Enclosed \$ _____

___ Check Enclosed

___ Credit Card: ___ Visa ___ Mastercard ___ Amex ___ Discover

Card #: _____ Expiration: _____

CVV: _____ Name on Card: _____

Billing Address on Card, if different from address above:

Please return this form with payment method to:

NYSNLA | 230 Washington Avenue Extension, Suite 101 | Albany, New York 12203-3539

Phone: 518-580-4063 | Fax: 518-463-8656 | E-Mail: info@nysnla.com

Please complete this page, if you are registering more than one (1) person for this Series.



NEW YORK STATE
NURSERY AND LANDSCAPE
ASSOCIATION, INC.

2022 Virtual Education Series Registration for Additional Attendees

Principal/Registrant #1 – Listed on page 1 of this form.

Registrant #2 Name: _____ E-Mail: _____

Registrant #3 Name: _____ E-Mail: _____

Registrant #4 Name: _____ E-Mail: _____

Registrant #5 Name: _____ E-Mail: _____

Registrant #6 Name: _____ E-Mail: _____

Registrant #7 Name: _____ E-Mail: _____

Registrant #8 Name: _____ E-Mail: _____

Registrant #9 Name: _____ E-Mail: _____

Registrant #10 Name: _____ E-Mail: _____

Registrant #11 Name: _____ E-Mail: _____

Registrant #12 Name: _____ E-Mail: _____

Registrant #13 Name: _____ E-Mail: _____

Registrant #14 Name: _____ E-Mail: _____

Registrant #15 Name: _____ E-Mail: _____

Registrant #16 Name: _____ E-Mail: _____

Registrant #17 Name: _____ E-Mail: _____

Registrant #18 Name: _____ E-Mail: _____

Registrant #19 Name: _____ E-Mail: _____

Registrant #20 Name: _____ E-Mail: _____

Please compute total registration fees and fill-in on page 1 before submitting this form. Thank you!