



# 2021 Virtual Education Series Registration Form

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

***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> – January 27	___ \$35.00	___ \$60.00	___ \$20.00
Regional Education Days Series (All 6 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. 1 on 2/3 | \_\_\_ Reg. 7 on 2/10 | \_\_\_ Reg. 5 on 2/17 | \_\_\_ Reg. 4 on 2/24 | \_\_\_ Reg. 6 on 3/3 | \_\_\_ Reg. 8 on 3/10

**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](mailto: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.

## 2021 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!*