**NYSFAAA  REGION # _____**          **EVENT: _____**          **DATE: _____**

| # | First Name / Title | Institution Name / Address | E-mail Address / City, State Zip | Phone Number / Fax Number | NYSFAAA Member? |
|---|---|---|---|---|---|
| 1 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 2 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 3 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 4 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 5 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 6 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 7 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 8 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 9 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|   | Title | Address | City,  State    Zip | Fax Number | No ☐ |
| 10 | First Name    Last Name | Institution Name | E-mail Address | Phone Number | Yes ☐ |
|    | Title | Address | City,  State    Zip | Fax Number | No ☐ |