

NYSAA ANNUAL CONVENTION 2023

March 11—12, 2023 ~ Registration

NYSAA Member Name _____ Name to appear on badge _____
 Spouse/Significant Other/Guest Name: _____
 Company _____ Address _____
 City/State/Zip _____
 Daytime Phone _____ E-mail _____
 First Convention? _____ Website _____

How to Register

1. Mail completed form with check, money order or credit card to: **NYSAA.**
 48 N. Emerson Avenue, Ste 300
 Greenwood, IN 46143
 2. E-mail completed form with credit card information to:
 director@nysauctioneers.com
- *Room Reservations—\$128.00/night plus taxes.**
 315-432-0200
 Double Tree by Hilton Syracuse
 6301 St. Rt. 298, East Syracuse, NY

(Room block expires February 9, 2023)

Please Pre-Register for ALL Events!

Check Enclosed (U.S. dollars drawn on U.S. Bank) checks payable to NYSAA.

NYSAA
 48 N. Emerson Avenue, Ste 300
 Greenwood, IN 46143
 855-496-9722
 director@nysauctioneers.com

CONFERENCE REGISTRATION

Quantity	On or before Feb. 9, 2023	After Feb. 9, 2023	_____
_____ Full Registration (includes all meals, events, seminars)	\$200.00	\$250.00	_____
_____ Saturday (one day ONLY) (includes all meals, events, seminars— Saturday ONLY)	\$100.00	\$150.00	_____
_____ Championship (Dinner)— (ONLY)	\$ 70.00	\$ 95.00	_____
_____ Sunday (one day ONLY) (includes all meals, events, seminars— Sunday ONLY)	\$100.00	\$ 150.00	_____
_____ Advertising Entries \$10/per entry—must complete the Advertising Entry Forms _____ x \$10.00			_____
_____ Rookie Contest (Rookie = three (3) years or less experience) (must bring two (2) items for combined value of \$50.00)	\$50.00	\$125.00	_____
_____ Championship Contest (Over three (3) years experience) (must bring two (2) items for combined value of \$50.00)	\$75.00	\$175.00	_____
_____ Past President Breakfast (no charge) ONLY open to NYSAA Past Presidents			_____

CONFERENCE REGISTRATION TOTAL \$ _____

MEMBERSHIP DUES

_____ 2023 NYSAA Auctioneer Membership	\$150.00	_____
_____ 2023 NYSAA Associate Membership	\$100.00	_____

Credit Card Payment Info.

For credit card verification and processing, please use the **billing address for this card.**

Circle type of card M/C Visa Discover American Express

Credit Card Number _____ Expiration Date _____ CVV Code _____

Billing Address for the Card _____

City _____ State _____ Zip Code _____

Signature _____