

Mail-in Registration Form

NYSCU Annual Meeting

October 19-20, 2018

Name(s) _____ Congregation _____

YES/ NO Delegate? _____ Display table needed? _____ Child Care Needed? Friday ____ Saturday _____

Dietary requirements (please specify)

Use back of form for any additional information

Amount enclosed _____ ***See the brochure for rates.***

Make check payable to NYSCU. Mail form and payment to: NYSCU, PO Box 428, Oneonta, NY 13820

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