



# SUNY DAY 2008

## Registration Form

Tuesday, February 26<sup>th</sup>, 2008

■ PRINT CLEARLY OR TYPE ■ RETURN REGISTRATION FORM BY FEBRUARY 8, 2008 ■

Campus Name: \_\_\_\_\_

Phone: \_\_\_\_\_

SUNY Day Coordinator: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

FIRST NAME, LAST NAME

TITLE OR POSITION

Participant(s): \_\_\_\_\_

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Campus registration fee \$150.00

Number of participants \_\_\_\_\_ X \$25.00 = \_\_\_\_\_

Total \_\_\_\_\_

Make your check payable to **SUNY**.  
Please enclose a copy of your purchase order, if applicable.

**SEND YOUR REGISTRATION FORM AND PAYMENT TO:**

Teare VanDenburgh ■ State University of New York ■ Governmental Relations  
SUNY Plaza ■ Albany, NY 12246

**DIRECT QUESTIONS TO:**

518.443.5147 ■ (fax) 518.443.5151

