

Registration Form: Use this form for faxed or mailed registrations.
For online registration, go to: www.nysperinatal.org.

Name (incl. title & credentials): _____

Email (work): _____ Email (personal): _____

Employer: _____

Address: _____

Home Address: _____

Work Phone: _____ Mobile: _____

Check here to make sure you stay in touch with your fellow colleagues after the conference!
 We'll include your contact information in the conference participant list with attendees, sponsors,
 and vendors.

| Conference Fees | NYSPA Members | Non-Members | Graduate Students/ Residents/Students and Retirees | |
|-------------------------------------|---------------|-------------|--|------|
| | | | | |
| Registration (before 5/31/2021) | \$150 | \$225 | \$75 | \$75 |
| Late Registration (6/1/21 - 6/9/21) | \$200 | \$275 | \$80 | \$80 |

DISCOUNTS (cannot be combined)

Group Discount (single organization) Groups of 5 or more:
 NYSPA members and non-NYSPA members receive a 20%
 discount (Groups must register through NYSPA Office).

**Not a member of NYSPA? Join now to take advantage of
 Member rates! (complete application on back and return
 with registration). Save \$25 on NEW NYSPA membership.**

| | |
|------------------|--|
| Registration fee | |
| Membership: | |
| Total: | |

Questions or to make credit card payment: Call 607-772-0517ex. 135

Mail registration & payment to: NYSPA, 457 State Street, Binghamton, NY 13901

Online registration: <https://thenyspa.wildapricot.org/Annual-Conference>



INDIVIDUAL MEMBERSHIP APPLICATION

Benefits of belonging to NYSPA include:

- Be a part of a multi-disciplinary network of individuals striving to improve perinatal health in NYS
- Share your knowledge and personal experience to influence change
- Receive advocacy alerts on key legislative issues related to perinatal health
- Advance your personal and professional expertise through educational opportunities and networking
- Discounted registration rate for the NYSPA annual conference (the premier perinatal health education conference in NYS) (opportunity to receive continuing education credits for part or all of conference)
- Access to health information and resources through www.nysperinatal.org

Complete the following information and return to the NYSPA Office.

NAME (print): _____

Email (print): _____ Phone: _____

Profession: ___ MD/DO ___ Midwife ___ Nurse ___ PA ___ NP ___ Social Worker ___ Genetic Counselor
___ Educator ___ Administrator ___ Student Other: _____

Institution/ Organization: _____

Mailing Address: _____

City _____ State _____ Zip _____

ANNUAL MEMBERSHIP DUES: \$50 * CONFERENCE SPECIAL*****

*****NEW members attending conference can join for just \$25! If paid with conference registration*****

MAKE CHECK PAYABLE TO:

New York State Perinatal Association
Mail to: 457 State Street, Binghamton, NY 13901

Questions? Or credit card payment:
Contact: 607-772-0517 X 135