

Christmas Tree Farmers Association of New York

2018 Winter Convention Registration Form Thursday – Saturday, January 18-20
 Holiday Inn Liverpool (Syracuse), 441 Electronics Parkway, Liverpool, NY 13088

Name (Primary Registrant) _____

Farm name _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Phone Number _____ **E-mail address** _____

Names other attendees from same farm:

2) _____, 3) _____

Registration fee - includes trade show, seminars, materials, and meals as noted below.

REGISTER EARLY => Postmark on or After December 28
AND SAVE! => before December 28 and walk-ins

Full registration – Thursday, Friday and Saturday – includes two morning breaks, two lunches, Thursday taco bar, and Friday evening banquet. INDICATE SPECIAL DIETARY NEEDS BELOW

CTFANY Member	\$ 185	\$ 195	\$ _____
2 nd adult – same farm	\$ 185	\$ 195	\$ _____
3 rd (and each additional) adult	\$ 185	\$ 195	\$ _____
Students (6-18)	\$ 80	\$ 80	\$ _____
Kids (5 and under)	Free	Free	\$ _____
Non-members (includes 2018 membership dues)	\$ 260 first person	\$260 first person	\$ _____

Friday only – includes morning break and lunch – DOES NOT INCLUDE BANQUET

CTFANY Member	\$ 90	\$ 100	\$ _____
2 nd adult – same farm	\$ 90	\$ 100	\$ _____
3 rd (and each additional) adult	\$ 90	\$ 100	\$ _____
Students (6-18)	\$ 35	\$ 35	\$ _____
Kids (5 and under)	Free	Free	\$ _____
Non-members	\$ 165 first person	\$165 first person	\$ _____

Saturday only - includes morning break and lunch - INDICATE SPECIAL DIETARY NEEDS BELOW

CTFANY Member	\$ 90	\$ 100	\$ _____
2 nd adult – same farm	\$ 90	\$ 100	\$ _____
3 rd (and each additional)	\$ 90	\$ 100	\$ _____
Students (6-18)	\$ 35	\$ 35	\$ _____
Kids (5 and under)	Free	Free	\$ _____
Non-members	\$ 165 first person	\$165 first person	\$ _____

ADDITIONAL Meal Tickets - Adults

(kids menu pricing – call office)

Meal Ticket	No. of people	Price	Total
Friday deli-style buffet lunch			
Special needs _____	_____	X \$ 30/person	\$ _____
Friday Banquet (beef, fish, or vegetarian)			
Special needs _____	_____	X \$ 50/person	\$ _____
Saturday buffet luncheon (“taste of State Fair”)			
Special needs _____	_____	X \$ 30/person	\$ _____

Total = Registration + Additional Meals	\$ _____
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Payment (check one): Check (PAYABLE TO CTFANY) Master Card VISA Card number _____
 Exp. Date _____ V-Code _____ Name as on card _____ Signature _____

Mail to: CTFANY, PO Box 705, Salem, NY 12865 **FAX** (for credit card orders) to: 518 854 7387

Registration questions? Please contact: Mary Jeanne in the CTFANY Office at 518 854 7386

Hotel Reservations: DEADLINE DEC. 24 - Special rate (\$99/room/night + tax) Call 315-457-1122, mention Christmas Trees