



MAKING DOMESTIC VIOLENCE DOLLARS COUNT

NYSCADV Legislative Awareness Day • Tuesday, March 16, 2010

REGISTRATION FORM

<i>Program/Organization Name:</i>		<i>Primary Phone Number:</i>	
Name & Email Address	Lunch \$8.50 each	Box lunch includes sandwich, chips, fruit, cookie, and beverage - indicate selection below	Amount Enclosed
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Turkey <input type="checkbox"/> Ham & Swiss <input type="checkbox"/> Roasted Veggie Wrap	
<i>To help offset LAD costs, enclosed is our contribution</i>			
Grand Total			

Please list special accommodations needed (dietary, interpreters, etc.) _____

____ NO, I/WE WILL NOT be able to attend Legislative Awareness Day 2010. However, enclosed is \$_____ to help offset LAD costs.

Please make checks payable to NYSCADV.

Register online at www.nyscadv.org or complete Registration Form and fax to (518) 482-3807 by March 10, 2010.

Payment can be mailed to: NYSCADV, 350 New Scotland Ave., Albany, NY 12208

Please call (518) 482-5465 for more information