

**2019 NYS NAPS BRANCH 935  
CONVENTION REGISTRATION FORM**

This form is NOT to be used by state delegates. Delegates are to complete a credential form which they can obtain from their respective local branch president.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CHECK THE CATEGORY THAT APPLIES TO YOU:

NATIONAL OFFICER \_\_\_\_\_

VISITOR \_\_\_\_\_

CONVENTION DATES : MAY 23-25, 2019

LOCATION: VILLA ROMA RESORT AND CONFERENCE CENTER

356 VILLA ROMA RD.

CALLICOON, NY 12723

1-800-533-6767

[www.villaroma.com](http://www.villaroma.com)

When making reservations, mention you are part of NY State NAPS for convention rate.

**REGISTRATION FEE: \$100.00 MAKE CHECK PAYABLE TO NYSNAPS BRANCH 935**

SEND REGISTRATION FORM AND PAYMENT TO:

PHYLLIS MORRISSEY

28 AUDREY COURT

MALVERNE, NY 11565-1010