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 17-20, 2022
LOCATION: VILLA ROMA RESORT AND CONFERENCE CENTER
356 VILLA ROMA RD.
CALLICOON, NY 12723
1-800-533-6767
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