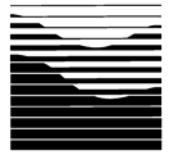




Registration Form



**NYS Building Code- Anticipated Changes & Site Provisions
Room 319, Marshall Hall, SUNY ESF
Friday, February 23, 2007**

ASLA

Name: _____

Company: _____

Company Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Vegetarian or other special needs: _____

Please register me for the workshop (your registration fee includes attendance to the workshop and light reception refreshments)

<input checked="" type="checkbox"/> Check		Cost
<input type="checkbox"/>	ASLA member (Member number: _____)	\$75
<input type="checkbox"/>	Non member	\$110
	Total Due:	

Do you want credit for attending the workshop? (circle one) **YES NO**

Professional Licensure # _____

Method of Payment: Check one method

___ Register and pay online at <http://www.esf.edu/outreach/pd/2007/asla/>

(Your registration will be processed immediately and securely.)

___ Check payable to: **SUNY Research Foundation**

(Payment must be received prior to the event.)

___ Voucher or Purchase Order – (please provide the number) _____

(Payment must be received within 30 days after the event.)

Mail or Fax completed registration form with FULL PAYMENT to:
ESF Outreach, SUNY-ESF
1 Forestry Drive, 219 Bray Hall, Syracuse, NY 13210
Fax: 315-470-6890, Phone: 315-470-6817