



**Board of Directors Registration Form
for ESPRA Fall Meeting
Oct 10-11, 2007**



Name: _____

Company: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Vegetarian or needs: _____

Choose one for Board of Directors Dinner

____ Roast Turkey with Sage Dressing and Gravy **or** ____ Pasta Primavera

Choose one for Lunch

____ Breast of Chicken with Lemon Wine Sauce **or** ____ Spinach Lasagna

Please register me for the 2007 FALL ESPRA Conference

\$195 Early Rate

\$245 After October 1, 2007

Method of Payment: Check one method

____ Credit Card payment: VISA or MasterCard (circle one)

Credit Card number _____

Expiration Date: _____

Name on Credit Card: _____

____ 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, 221 Marshall Hall, Syracuse, NY 13210, **Fax: 315-470-6890**