Please type or print neatly. This information will appear in the SUNYFAP membership directory.

Name: ______________________________________________________________________________________________________________

Title: _______________________________________________________________________________________________________________

Institution/Agency: ___________________________________________________________________________________________________

Address: ____________________________________________________________________________________________________________

City/State/Zip Code: ___________________________________________________________________________________________________

Phone number: ___________________________ Fax: ___________________________

E-Mail Address: _______________________________________________________________________________________________________

Please check the appropriate box and then answer the questions below:

☐ ACTIVE (any SUNY professional employed by a Financial Aid Office)

☐ ASSOCIATE (any person not eligible as an Active Member)
  ☐ Other school employees (Support Staff, EOP, non-SUNY school)
  ☐ SUNY System Administration, SLSC, SICAS Center
  ☐ Lender Reps, Guarantors, Servicers, Vendors
  ☐ Retirees

_____ Years in Financial Aid

Check if you are a:  _____ SUNY Alumnus  _____ 1st time Conference Attendee

Membership Year runs from 5/1/2020 to 4/30/2021

Conference and Membership Fee:

Please enclose payment or pay online. For online payments, record the PAYPAL Payment Receipt ID below.

☐ I will not be attending the Conference: $30 for 2020-21 Membership year.

☐ I will be attending the Conference:
  ☐ Active or Associate Members $295 payment - $265 Conference Fee (includes meals) AND $30 membership fee.
  ☐ Retirees $265 payment for Conference Fee (includes meals). Membership fee is waived.
  ☐ One day registration – Wednesday or Thursday $150 payment - $120 conference fee (includes meals) AND $30 membership fee.

If paying online by credit card, please follow instructions below, then enter the PayPal provided Payment Receipt ID:

____________________- _______________________- _______________________- _________________

1. Go to http://www.sunyfap.org
2. Select Conference 2020 – follow directions
3. A PayPal account is not required to make a PAYPAL payment

PLEASE RETURN THIS FORM & REGISTRATION FEE (NO VOUCHERS, please) BY March 22, 2020 TO: Kathy Michalski, Niagara County Community College, Financial Aid, 3111 Saunders Settlement Road, Sanborn, NY 14132 or fax the registration form to 716-614-6820, or email to kmichals@niagaracc.suny.edu

ACCOMMODATIONS FOR THE HOTEL REQUIRE A SEPARATE REGISTRATION.
IT IS IMPORTANT THAT THE HOTEL RESERVATION FORM BE RETURNED TO THE QUEENSBURY HOTEL BY March 22, 2020.
RETURNING YOUR FORM BY THE CUT-OFF DATE DOES NOT GUARANTEE A ROOM AT THE MAIN HOTEL.