

**SUNYFAP Conference Registration and Membership Form**  
**Corning, NY**  
**April 15 – April 17, 2026**

Please type or print neatly. This information will appear in the SUNYFAP Membership Directory.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Membership Year is from 5/1/2026 to 4/30/2027**

**Type of Member:**

**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  
Business Partners - Lender Reps, Guarantors, Servicers, Vendors

**RETIREE** (membership waived)

**Please share a little about yourself:**

How many years working in Financial Aid? \_\_\_\_\_

Are you a SUNY Alumnus?      Yes      No

If yes, which SUNY?

Are you a first-time conference attendee?      Yes      No

**Conference and Membership Fee:**

- ☐ **I will be attending the Conference:**
- ☐ **Active or Associate Members**  
**\$400** payment - (includes meals and membership) Payment enclosed or made online. Payment Receipt ID listed below.
  - ☐ **Retirees**  
**\$370** payment - (includes meals). Membership fee is waived. Payment enclosed or made online. Payment Receipt ID listed below.
- ☐ **I am unable to attend the Conference: \$30** membership Fee - Payment enclosed or made online. Payment Receipt ID listed below

**Thursday banquet choices (please choose one):**

\_\_\_\_\_ Chicken  
\_\_\_\_\_ Steak  
\_\_\_\_\_ Vegetarian

Please list any dietary restrictions \_\_\_\_\_

**I do not plan to attend banquet**

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Go to <https://sunyfap.org>
2. Select Conference 2026 – 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 30, 2026** 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](mailto:kmichals@niagaracc.suny.edu)

**ACCOMMODATIONS FOR THE HOTEL**

TO RESERVE A ROOM AT THE RADISSON CORNING HOTEL, PLEASE USE THIS LINK, [SUNYFAP 2026 Conference Room Block](#) YOU MUST MAKE YOUR RESERVATION BY MARCH 1, 2026. HOWEVER, COMPLETING IT BY March 1, 2026 DOES NOT GUARANTEE A ROOM AT THE MAIN HOTEL.