

# 2009 NYSALB Trustee Institute

May 1st & 2nd

at the  
Renaissance Hotel, Syracuse, NY



**April 15th deadline for registration by mail (with this form).  
Or register on-line at [www.nysalb.org](http://www.nysalb.org) anytime or if registering after April 15th.**

Director or Trustee name(s) \_\_\_\_\_

Library name \_\_\_\_\_

Home Address (or library if employee) \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

*NYSALB underwrites 30% of the cost of the Institute.  
All charges for Institute attendees are kept at the lowest cost possible.*

### *Is your library budget under \$50,000 and are you paying for your own registration?*

Check here to become eligible for one of two scholarships being offered for this year's Institute. Each scholarship is for all meals and programs on Friday and Saturday (combined value of \$135). Only NYSALB member library trustees are eligible. Winners will be mailed their refund after the Institute.

	<b># of persons</b>		<b>per head</b>	<b>Subtotal</b>
Shuttle from hotel to libraries for guided tour	_____	x	\$ 5	\$ _____

### *Friday Evening Dinner and Program*

*Please mark number of dinner selections needed using numeric value*

\_\_\_\_\_ Reggiano Crusted Chicken Breast  
\_\_\_\_\_ Grilled Atlantic Salmon

rate for <b>NYSALB members only</b>	_____	x	\$ 30	\$ _____
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*Your library and board are members of NYSALB if above your name & mailing address (on the cover), there is a sentence: NYSALB members welcome!*

**OR**

rate for <b>trustees whose libraries are not yet members of NYSALB</b>	_____	x	\$ 40	\$ _____
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### *Saturday's Buffet Breakfast, Lunch and Program*

*Please mark number of lunch selections needed using numeric value*

\_\_\_\_\_ Roast Beef Sandwich  
\_\_\_\_\_ Cobb Salad

rate for <b>NYSALB members only</b>	_____	x	\$ 70	\$ _____
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**OR**

rate for trustees whose libraries are <b>not yet members</b> of NYSALB	_____	x	\$ 95	\$ _____
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### *Did you remember to:*

**Total amount enclosed**     \$ \_\_\_\_\_

- completely fill out the form above and enclose a check made payable to NYSALB.
- contact the hotel by April 15 to make a hotel reservation? 800-465-4329. Please use room block code NLB.
- encourage other trustees from your board and your library director to attend.

**Please mail this completed form and payment to:** NYSALB Institute PO Box 11048 Albany NY 12211

**Questions?** Call 888-469-7252 or email us at [nysalb@nycap.rr.com](mailto:nysalb@nycap.rr.com)