

2010 NYSALB Trustee Institute

April 30th & May 1st

at the
Long Island Melville Marriott Hotel



**April 15th deadline for registration by mail (with this form).
Or register on-line at 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 _____

of persons per head Subtotal

Friday Evening Dinner and Program

Please mark number of dinner selections needed using numeric value

_____ Steak Au Poive

_____ Vegetable Mediterranean Couscous

_____ Chicken Wellington

rate for **NYSALB members only** _____ x \$ 75 \$ _____

OR

rate for **trustees whose libraries are not yet members of NYSALB** _____ x \$ 90 \$ _____

Saturday's Buffet Breakfast, Lunch and Program

Please mark number of lunch selections needed using numeric value

_____ Chicken Cardinale

_____ Grilled Fillet of Salmon

rate for **NYSALB members only** _____ x \$ 150 \$ _____

OR

rate for **trustees whose libraries are not yet members of NYSALB** _____ x \$ 175 \$ _____

DISCOUNT - Signing up for both days? Subtract \$20 per _____ x \$ 20 - \$ _____

Total amount enclosed \$ _____

Did you remember to:

- completely fill out the form above and enclose a check made payable to NYSALB.
- contact the hotel by April 21 to make a hotel reservation? 800-228-9290. Please use room block code NYSNYSA.
- 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