



“Share the Harvest”

**Pre-Registration Form
2014 New York State Beta Sigma Phi Convention
October 3, 4 & 5, 2014
Radisson Hotel
Rochester, New York**

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

Chapter: _____ City: _____

\$45.00 Non-Refundable Deposit (U.S. Funds only)
\$40.00 If paid prior to December 31, 2013

Check # _____ Cash _____
(Returned check fee - \$25.00)

Please make check payable to “2014 NYS Beta Sigma Phi Convention” (in US funds only)
Send Registration Form and Check to:
Florence Wawrzyniak
41 Anytrell Drive
Webster, New York 14580
(585) 787-3127

Special Requests? _____ Willing to be a Table Hostess: _____

Any questions:

Vera Bacon Stargazer4@rochester.rr.com (585) 621-6672 Cell Phone (727) 481-1932
Or JoAnn Terry JoTee218@aol.com (585) 338-9756 Cell Phone (585) 313-7553

Keep for your records

\$ _____ Paid for the 2014 New York State
Beta Sigma Phi Convention in Rochester, New York

Check # _____ Date _____

Convention dates: October 3, 4, & 5, 2014
Radisson Hotel, Rochester, NY

Registrar
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