

80TH TOWN HIGHWAY CONFERENCE & EXPO

A. CONFERENCE REGISTRATION FORM

This side is for all highway superintendents and others who are NOT reserving a space in the expo. If you do plan to reserve an expo booth, please use the reverse side to register.

To register for the conference, please send this form with a check, purchase order or voucher for \$96 (\$48 for retirees; \$116 for late registration) directly to the Association's Albany office by fax at (518) 694-9314 or by mail:

NYSAOTSOH • 119 Washington Avenue, Suite 300 • Albany, NY 12210

IMPORTANT DEADLINES

Hotel Reservation Deadline: **September 1, 2009**

Expo Reservation Deadline: **September 1, 2009**

Conference Registration Deadline: **September 8, 2009**

Special Events Registration Deadline: **September 8, 2009**

PLEASE COMPLETE THE ENTIRE FORM. (type or print)

Please submit one form per registrant.

ATTENDEE REGISTRATION

NAME (AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE)

SPOUSE NAME (IF ATTENDING)

JOB TITLE

TOWN/ORGANIZATION

ADDRESS

CITY

STATE ZIP

PHONE

FAX

EMAIL

WEBSITE

PART-TIME OR COMMUTER MEALS

Please mark the meals you plan to attend only if you are not reserving a full conference package with the Crowne Plaza Hotel.

- | | |
|---|--|
| <input type="checkbox"/> Tuesday dinner \$50 | <input type="checkbox"/> Thursday breakfast \$16 |
| <input type="checkbox"/> Wednesday breakfast \$16 | <input type="checkbox"/> Thursday lunch \$25 |
| <input type="checkbox"/> Wednesday lunch \$25 | <input type="checkbox"/> Thursday dinner \$50 |
| <input type="checkbox"/> Wednesday dinner \$50 | <input type="checkbox"/> Friday breakfast \$16 |

Dietary Restrictions: _____

SPONSORSHIP

- | | |
|---|--|
| <input type="checkbox"/> Platinum (\$10,000+) | <input type="checkbox"/> Bronze (\$500+) |
| <input type="checkbox"/> Gold (\$5,000+) | <input type="checkbox"/> Other amount: _____ |
| <input type="checkbox"/> Silver (\$2,500+) | |

Thank you for your sponsorship!

Event we would like to sponsor: _____

Please call our office at (518) 694-9313 if you would like to discuss creative ways to customize your sponsorship.

TALLY

Attendee Registration: \$ _____

Commuter Meals: \$ _____

Sponsorship: \$ _____

TOTAL PAYMENT: \$ _____

B. EXPO REGISTRATION FORM

This form is for all participants reserving an expo booth. If you do NOT plan to reserve an expo booth, please use the reverse side to register. All expo participants must register for the conference. All companies must have at least one member of NYSAOTSOH.

To register for the expo, please send this form with a check, purchase order or voucher directly to the Association's Albany office by fax at (518) 694-9314 or by mail:

NYSAOTSOH • 119 Washington Avenue, Suite 300 • Albany, NY 12210

IMPORTANT DEADLINES

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PLEASE COMPLETE THE ENTIRE FORM. (type or print) Please submit one form per registrant.

ATTENDEE REGISTRATION

NAME (AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE)

SPOUSE NAME (IF ATTENDING)

JOB TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

WEBSITE

PART-TIME OR COMMUTER MEALS

Please mark the meals you plan to attend only if you are not reserving a full conference package with the Crowne Plaza Hotel.

Tuesday dinner \$50

Thursday breakfast \$16

Wednesday breakfast \$16

Thursday lunch \$25

Wednesday lunch \$25

Thursday dinner \$50

Wednesday dinner \$50

Friday breakfast \$16

Dietary Restrictions: _____

COST

Registration per Attendee Early: \$96; Late: \$116

Booth Space \$450

Electricity \$50

BOOTH NUMBER* _____ 1st Choice _____ 2nd Choice _____ 3rd Choice

I would like to do a product presentation: Yes No

Companies we would like to be placed near: _____

Companies we would like to be placed away from: _____

**We will do our best to accommodate you on a first come first served basis.*

SPONSORSHIP

Platinum (\$10,000+)

Bronze (\$500+)

Gold (\$5,000+)

Other amount: _____

Silver (\$2,500+)

Thank you for your sponsorship!

Event we would like to sponsor: _____

Please call our office at (518) 694-9313 if you would like to discuss creative ways to customize your sponsorship.

TALLY Attendee Registration:\$ _____

Electricity:\$ _____

Commuter Meals:\$ _____

Sponsorship:\$ _____

Expo Reservation:\$ _____

TOTAL PAYMENT:\$ _____

**C. SPECIAL EVENTS FORM
WEDNESDAY'S CHOICE #1
6TH ANNUAL GOLF TOURNAMENT**



Sponsored by International Truck & Engine Corporation

Enjoy an afternoon of golf with friends. Your reservation for 18 holes and use of a cart are free courtesy of International Truck and Engine Corporation.

Date: **Wednesday, September 23** Place: **Crowne Plaza Golf Club**
Time: **Following Lunch** Cost: **FREE**

All reservations should be received by September 8, 2009. More information about the golf courses may be found at www.lakeplacidcp.com. Call Willie Reifsteck with any questions about the tournament at 585-554-3188 (shop) or 585-721-5905 (cell).

Prizes will be awarded per golf course for:

- Closest to the pin
- Longest drive
- Lowest score

Skins: \$20 per team if desired. Cash will be collected at the course before we start.

If you have already arranged your foursome, please list names below. All participants must be registered for the conference.

MAIN CONTACT

AFFILIATION PHONE NUMBER

SECOND REGISTRANT:

AFFILIATION PHONE NUMBER

THIRD REGISTRANT

AFFILIATION PHONE NUMBER

FOURTH REGISTRANT

AFFILIATION PHONE NUMBER

To register for golf, please return this form with payment to:
NYSAOTSOH • 119 Washington Avenue, Suite 300 • Albany, NY 12210

**WEDNESDAY'S CHOICE #2
AFTERNOON TOURS**

While conference attendees will be out golfing, you may prefer an alternative. Therefore we are offering an opportunity to go bobsledding and tour the Olympic museum. Transportation will be provided.

Date: **Wednesday, September 23** Place: **Various Olympic Venues**
Time: **1:00 pm – 4:00 pm** Cost: **FREE**

Please send this form as your reservation to:
NYSAOTSOH • 119 Washington Avenue, Suite 300 • Albany, NY 12210

Please list everyone in your party below. All participants must be registered for the conference.

NAME

AFFILIATION PHONE NUMBER

OTHERS IN YOUR PARTY

OUTDOOR CONCERT

Sponsored by Viking-Cives, Inc.



"Hair Of The Dog" is widely seen as one of the best local bands in New York State. Together since 1993, "Hair Of The Dog" has entertained thousands of fans of all ages with their unique blend of Celtic folk and rock. Their high energy sound, smooth four-part harmonies and tight instrumental attack has made them one of the top Irish acts in the world. They will entertain everyone with a mix of their own music and classic hit songs.

See their website at www.hair-of-the-dog.com.

During the break participants will have the opportunity to see the views from the Olympic ski jump. Refreshments will also be provided.

Date: **Thursday, September 24**

Time: **2:00-4:30pm**

Place: **Olympic Ski Jump**

Cost: **FREE**

Transportation will be provided for everyone. **Please send this form as your reservation to:**

NYSAOTSOH

119 Washington Avenue, Suite 300

Albany, NY 12210

Please list everyone in your party below. All participants must be registered for the conference.

NAME

AFFILIATION

PHONE

OTHERS IN YOUR PARTY

OTHERS IN YOUR PARTY

OTHERS IN YOUR PARTY

The Crowne Plaza Resort & Golf Club Lake Placid, NY

SEPTEMBER 22-25, 2009

80TH TOWN HIGHWAY CONFERENCE & EXPO

D. HOTEL REGISTRATION FORM

September 22-25, 2009 • The Crowne Plaza Hotel, Lake Placid, NY

Hotel Check-in Time is 4:00 pm. Hotel Check-out Time is 11:00 am.

The hotel reservation deadline is September 1, 2009. Reservations made after this time will be accepted, subject to availability and are not guaranteed at the conference rate. All reservations must be accompanied by a per room deposit of \$200.00 in the form of a personal check (made payable to the Crowne Plaza Lake Placid) or major credit card. Approved Government Purchase Orders and NYS Vouchers are not acceptable for the initial deposit. The hotel will only charge the credit card if another form of payment is not produced. Reservations will be guaranteed from date of arrival to date of departure, as confirmed. Credit will not be given for early check-outs or missed meals.

Payment arrangements for your stay will be required upon arrival in the form of cash, purchase order, voucher or major credit card. DEPOSITS WILL NOT BE REFUNDED FOR CANCELLATIONS MADE AFTER SEPTEMBER 12.

NAME

NAMES OF PERSON(S) SHARING ROOM

TOWN/ORGANIZATION

ADDRESS: CITY STATE ZIP

PHONE FAX EMAIL

(Would like the hotel to email your reservation confirmation.) Yes No

Arrival Date: Departure Date:

ROOM PREFERENCES: (Check all that apply.)

The Crowne Plaza is a non-smoking hotel.

- King Bed No preference
 2 Double Beds

CONFERENCE PACKAGE

The full conference package includes overnight room for three nights; dinner on Tuesday; breakfast, lunch and dinner on Wednesday; breakfast, lunch and dinner on Thursday; and breakfast on Friday and service charge. (Tax additional unless exempt.)

- Single rate \$714 Spouse rate \$318 Double rate \$521 per person

Early Arrival/Late Departure (meals not included)

- \$149 per room per night - Early Arrival
 \$209 per room per night - Late Departure

Tax Exemption: Please note that the above prices do not include sales tax. Tax-exempt certificates must be presented with your registration form and deposit or New York State taxes are additional.

Your credit card information guarantees your reservation and will not be charged unless authorized to do so.

Arrival Date: Departure Date:

CREDIT CARD NUMBER EXP. DATE

CARDHOLDER'S NAME AUTHORIZED SIGNATURE

Should I fail to honor my reservation and not cancel 10 days in advance of my scheduled arrival date, I authorize the Crowne Plaza to charge my account for the deposit amount of \$200.00 per room.

Mail this form directly to: Crowne Plaza Lake Placid

101 Olympic Drive • Lake Placid, NY 12946 • Attn: Reservations Department
Phone: 1(877)570.5891 (toll free) • (518) 523.2556
Fax: (518) 523.9410 • www.lakeplacidcp.com

CONFIRMATION #

RES.AGENT

DATE