



Summer 17 Event Registration Form

July 26, 2017

CUNY School of Professional Studies

119 West 31st Street, 10th Floor

New York, NY 10001

Name: _____ Preferred Name _____
Title: _____
Organization: _____
Business Address: _____
City: _____ State _____ Zip _____
Office Phone: _____ Email _____

REGISTRATION FEES

\$75	ACHE Member Registration Fee
\$100	Non-Member Fee
\$50	Student Fee (<i>Full time and part-time students are welcome</i>)
\$10	Optional New York Public Library Schwarzman Building tour

METHOD OF PAYMENT

Check
Purchase Order

Payable to: ACHE Northeast Metropolitan Region

Taxpayer ID Number: 20-1806940

Credit cards not accepted

SEND THIS REGISTRATION FORM AND PAYMENT TO:

Joyce E. Wellinger
College of Business
Stony Brook University
306 Harriman Hall
Stony Brook, NY 11794-3775

Phone: (631) 632-7111
Fax: (631) 982-7336
Email: joyce.wellinger@stonybrook.edu

Seating is limited to 40. No refunds are available. Substitutes will be accepted.
Invoices and receipts will be emailed upon registration and payment.