

NYSAVS 2019 CONVENTION AND SHOW REGISTRATION FORM

“A Violet Jabberwocky”

October 17-19, 2019

Hilton Garden Inn

74 State Street
Auburn, NY 13021

One form per person please.

Name _____ Telephone _____

Address _____ City _____ State/Province _____ ZIP /Postal Code _____

Email address _____ Name on Badge _____

Please check all that apply:

Exhibitor___ Individual Member___ Life Member___ Hon. Life Member___ Board Member___ Commercial Member___ Judge___

In case of emergency, who should be notified:

Name _____ Relationship _____ Phone# _____

REGISTRATION:	NYSAVS Member (by deadline) NYSAVS# _____	\$35.00 _____
	Non-member (by deadline)	\$35.00 _____
	After 9/10, add \$10.00 late fee	\$10.00 _____

MEALS:

Friday Dinner - Buffet

_____ Buffet includes: Chef’s Garden Salad, rolls, butter, pasta salad, Eggplant Parmesan, Haddock	\$37.00 _____
Bruschetta, Mediterranean Stuffed Pork, Seasonal Vegetable, Baked Potato, Assorted Mini-desserts, coffee, tea	

Saturday Lunch – Deli Lunch Buffet

_____ Soup Du jour, Chef’s mixed green salad, turkey, ham, roast beef, white, wheat and Rye bread,	\$22.00 _____
Provolone, American and Swiss cheeses, Potato salad, assorted cookies, brownies, coffee, tea	

Saturday Dinner

_____ Chicken Picatta (boneless chicken breast topped w/ a white wine, lemon sauce w/capers served w/wild rice	\$28.00 _____
_____ 12 oz. Choice Grilled Strip Steak topped w/smoked paprika stout butter served w/garlic mashed potatoes	\$38.00 _____
~~~~~Served mixed green salad, rolls, seasonal vegetable, coffee, tea, dessert~~~~~	

**PLEASE LIST ANY FOOD ALLERGIES:** _____

**ROOM:** Single: _____ Double: _____ Rooming with: _____

**BED:** King: _____ Double: _____ Special accommodations: _____

Date of Arrival: _____ Date of Departure: _____ # nights _____ X \$142.00 \$ _____

**MEMBERSHIP:**

Membership renewal (individual) _____ or new member _____ \$15.00 _____

Joint Membership renewal _____ or new _____ \$20.00 _____

Affiliate or commercial (renewal) _____ or new _____ \$20.00 _____

**JUDGING SCHOOL** ..... \$15.00 _____

**AWARD DONATION FOR THE SHOW** (refer to the EVM for awards list) must be received by 10/1/19

Designated: _____ \$ _____

Undesignated: _____ \$ _____

(If more than 2 donors offer the same award, the donation will be applied where needed)

**TOTAL AMOUNT ENCLOSED** \$ _____

Make checks payable in US funds to **“New York State African Violet Society”**

Mail registration form and money to: Heidi Dillenbeck  
1097 Darby Hill Road  
Delanson, NY 12053