NYSAVS 2026 CONVENTION AND SHOW REGISTRATION FORM

"Mythical Violets"

October 15 – 17, 2026

Hilton Garden Inn Albany Airport

800 Albany Shaker Road
Albany, NY 12211

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: Deadline September 12, 2026

NYSAVS Member (by deadline) **NYSAVS#** _____ $40.00_____
Non-member (by deadline) …… $40.00_____

Friday Dinner – Pizza Party

_____ Pizza (assorted pizza) Tossed Salad with dressing on the side. Lemonade, Iced Tea, Water…… $27.00 _____

Saturday Lunch – Deli Platter

_____ Fresh Garden Salad with Seasonal Vegetables, Country Potato Salad, Platters of smoked Turkey, thin sliced ham, and herb roast beef. Crisp Romaine lettuce, sliced tomatoes and pickles. Assortment of Artisan breads and rolls. Array of thin sliced cheese and condiments. Soft baked cookies. $30.00 _____

Saturday Dinner – Classic Cuisine Buffet

_____ Assorted fresh baked Artisan rolls. Chef's soup of the day. Fresh garden salad with seasonal vegetables. Mediterranean vegetables. Garlic roasted potatoes. Chicken Marsala. Roasted Salmon. Chef's choice dessert. $48.00 _____

PLEASE LIST ANY FOOD ALLERGIES: _____

ROOM: Single: _____ Double: _____ Rooming with: _____
BED: King: _____ Queen: _____ Special accommodations: _____
Date of Arrival: _____ Date of Departure: _____ # nights _____ X $129.00 $ _____

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 FEE: Thursday, October 15th 10:00 AM - 2:00 PM …….. $20.00_____

AWARD DONATION FOR THE SHOW listed in EVM and in google docs (click link below) must be received by **10/1/26**
https://docs.google.com/spreadsheets/d/1aTjUuvA1FRTM8lFYEuab-jJDHH_A-8PQYKi-kwCvsrU/edit?usp=sharing

Designated: _____ $ _____
Undesignated: _____ $ _____
(If more than 2 donors offer the same award, the donation will be applied where needed)

TOTAL AMOUNT ENCLOSED $ _____

Room reservations are due no later than **September 12th**. (You can contact me with your room reservation and then send in form and payment).
Make checks payable in US funds to **"New York State African Violet Society"**

Mail registration form and money to:

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