NEW YORK STATE ASSOCIATED PRESS
BROADCASTERS ASSOCIATION

Annual Awards Banquet
Holiday Inn, Saratoga Springs
Saturday, June 9, 2007

REGISTRATION FOR: _____ _____
(Station Name) (City)

Yes! I (we) will be there for the NYSAPBA Awards Dinner (cash bar 5:30p.m., banquet 6:30p.m., followed by a hospitality suite)

***Please indicate your meal choice.** (Prime Rib, Chicken Havarti or Vegetarian).

*Spouses/guests who **don=t** want station call letters on name tags should put Aguest@ or Aspouse@ next to their names. Those name tags will have only your name.

Name(s) **Please PRINT or TYPE**	Prime Rib	Chicken	Vegetarian	$30/person
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

TOTAL: $_____

PLEASE SEND CHECK WITH REGISTRATION. Registration deadline is Friday, June 1.

Questions: Call Debi Foland at 518-458-7821 or 800-424-4500. Mail this form and a check payable to AAssociated Press Associations@ for the total of all registrations to:

Associated Press
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