

**How to reserve your support opportunity:**

 Email contract to [archa.wachowicz@nyssba.org](mailto:archa.wachowicz@nyssba.org)

 Fax contract to 518-783-3540

# NYSSBA's 2020 Support Contract

## COMPANY INFORMATION

Contact Person *(The contact person receives all correspondence.)* \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SUPPORT OPPORTUNITIES

Please check the opportunity(ies) of your choice.

<input type="checkbox"/> EClips	\$ _____	<input type="checkbox"/> The Capital Conference	\$ _____
<input type="checkbox"/> NYSSBA News Videos	\$ _____	<input type="checkbox"/> Board Officers Academy	\$ _____
<input type="checkbox"/> New School Board Member Academy	\$ _____	<input type="checkbox"/> NYSSBA Study Break Podcasts	\$ _____
<input type="checkbox"/> Next on the Agenda	\$ _____	<input type="checkbox"/> District Clerk Workshops	\$ _____
<input type="checkbox"/> NYSSBA eLearning Courses	\$ _____	<input type="checkbox"/> Policy Workshops	\$ _____
<input type="checkbox"/> Summer Law Conference	\$ _____	<input type="checkbox"/> Superintendent Evaluation Workshops	\$ _____

## PAYMENT INFORMATION

Support Cost: \$ \_\_\_\_\_

- Invoice
- Check (Please make checks payable to NYSSBA and mail with copy of contract to:  
NYSSBA, P.O. Box 305, Canajoharie, NY 13317)
- Visa       MasterCard       American Express       Discover

Card Holder's Name \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_