

**How to reserve your support opportunity:**

 Email contract to david.albert@nyssba.org

# NYSSBA's 2022 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"/> NYSSBA President's Gavel Podcasts	\$ _____
<input type="checkbox"/> New School Board Member Academy	\$ _____	<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	\$ _____
<input type="checkbox"/> The Capital Conference	\$ _____	<input type="checkbox"/> Hot Topics/Emerging Issues Webinars	\$ _____
<input type="checkbox"/> Board Officers Academy	\$ _____		

## 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 \_\_\_\_\_