



**2020 Region 1 Highway Meeting
AGC NYS**

**April 30, 2020
The Holiday Inn Express & Suite
400 Old Loudon Road, Latham, NY
Cost per person \$60**

*All business will be discussed at 4:30 pm and
the reception will follow at 5:30 pm*

SCHEDULE: 4:30 pm Business Session; 5:30 pm Reception

PLEASE TYPE OR PRINT:

FIRM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ATTENDEE(S) NAME(S): \$60.00 per person

TOTAL PAYMENT _____ *No refunds will be given for cancellations received less than three days prior to the meeting date, or for no shows the night of the meeting.*

**To pay by credit card, please complete information below and
Fax To: (518) 456-1198 or email to bryanna@agcnys.org.
Make Checks Payable To: AGC NYS and mail to us at
10 Airline Drive, Suite 203, Albany, New York 12205-1025**

Card Holder Name: _____

Card Number: _____ **Exp. Date** _____ **Sec. Code** _____

Credit Card billing Address _____ **Zip Code** _____

Signature _____ **Total Charge Amount \$** _____

Email address for receipt: _____