



**2017 Region 4 Highway Meeting
AGC NYS**

**April 12, 2017
The Woodcliff Hotel
199 Woodcliff Drive
Fairport, NY
Cost per person \$50**

MEETING SCHEDULE: 4:30 Business Session, 5:30 Reception

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.

PLEASE TYPE OR PRINT:

FIRM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTENDEE(S) NAME(S): \$50.00 per person

TOTAL PAYMENT _____

**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: _____