NYSCAR

Conference Registration & Program Selection

Registrations are accepted on first-come, first-served basis so Please check each program or event you will attend. This register today to ensure your space. Your license number is information will assist us in providing appropriate seating required to receive CE credit. and materials for the program. Monday, June 16, 2025 Full Name: _ 9 a.m. - 10 a.m. Designation (if applicable): _____ **Business Structures**, Tax Laws & Deductions NYS License #: __ Office Name: ___ 10:30 a.m. – 12 p.m. Legal Update Office Address: ____ ______ State: ______ Zip: _____ 1 pm - 2:30 pm **Interactive NYSDEC** Billing Address (if different): _____ Wetland Regulations Panel 3 pm - 4:30 pm Phone: _____ Fax: _____ Panel Discussion: Cannabis **Industry in New York State** Email: 5 pm - 6 pmI am a current member of: **Welcome Reception** ___NYSCAR ___SEC ___CCIM ___First-time attendee Check here confirming you have read the COVID-19 **Tuesday, June 17, 2025** statement and agree. 9 a.m. - 12 p.m. **Marketing Session** Three Easy Ways To Register: 1 pm - 5 pm Fax this completed form to NYSCAR at (518) 462-5474 Online at Marketing Session (Continued) NYSCAR.org Mail this completed form to: NYSCAR. 130 Washington Ave., Albany, NY 12210 **Hotel Accommodations and Info:** Rivers Casino and Resort 1 Rush St., Schenectady, NY 12305 **Registration Rates & Payment:** Group Code: NYSCAR0625 To make reservations, please follow the instructions below. NYSCAR/ CCIM/SEC **ON-SITE RATE REGULAR RATE** 1. Visit TheLandingHotelNY.com 5. Select Check In and Check Out Date Members \$275 \$325 2. Select 'Book Online Now' 6. Select 'Show Rooms' 3. Enter the assigned Group \$350 \$325 Non-Members Code and click Search. 7. Choose Room Type and Complete Reservation 4. Select Group If you have any issues please reach out to the call center \square Enclosed is my check in the amount of: $\$ team at (518) 579-8800 for assistance. Please make a reservation by Sunday, May 25. VISA ☐ AMEX Discover ☐ MasterCard Complimentary parking in surface lot and garage levels 2-4. Card#: _ Please attach a note identifying any disabilities you may have that require special accommodations, including the _____ Security Code: ___ Expiration Date: ____ provision of auxiliary aids and services.

Please visit www.nyscar.org to find all links referenced in this brochure.

Signature: ___

Questions?

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