

NEW YORK STATE ASSOCIATION OF BLACK & PUERTO RICAN LEGISLATORS, INC.

___ Yes, I will be joining the NYSABPRL for their 47th Legislative Conference.

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Ticket Prices:

___ Please reserve ___ (Pre-Conference) Standard Ticket(s) \$220 per person.

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___ Please reserve ___ Student Ticket(s) \$20 per person.

___ Please reserve ___ (Pre-Conference) Senior Ticket(s) \$45 per person.

___ Please reserve ___ (Conference) Senior Ticket(s) \$60 per person.

___ Please reserve ___ (Pre-Conference) Young Professionals Ticket(s) \$175 per person.

___ Please reserve ___ (Conference) Young Professionals Ticket(s) \$225 per person.

___ Please reserve ___ (Pre-Conference) Friday Pass \$100 per person.

___ Please reserve ___ (Pre-Conference) Saturday Pass \$135 per person.

___ Please reserve ___ (Pre-Conference) Sunday Pass \$115 per person.

___ Please reserve ___ (Conference) Friday Pass \$115 per person.

___ Please reserve ___ (Pre-Conference) Saturday Pass \$150 per person.

___ Please reserve ___ (Pre-Conference) Sunday Pass \$130 per person.

Individual Events:

____ Please reserve ____ Chair's Reception \$55 per person.

____ Please reserve ____ After Party \$35 per person.

____ Please reserve ____ Breakfast \$35 per person.

____ Please reserve ____ Labor luncheon \$75 per person.

____ Please reserve ____ Concert and after party \$75 per person.

____ Please reserve ____ (Pre-Conference) Sunday Pass \$115 per person.

____ Please reserve ____ Award Ceremony \$25 per person.

____ Please reserve ____ Scholarship Gala \$225 per person.

____ Please reserve ____ Gala Party \$50 per person.

** Please send all camera-ready artwork to nysabprl@nycap.rr.com or mail to the address below ASAP.

Please make checks payable to
NYSABPRL
P.O. Box 2079
Empire Plaza Station
Albany, NY 12220

Contact's Full Name: _____

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