

HOTEL REGISTRATION FORM

Turning Stone Resort & Casino

Call Toll Free or Complete Form
Below and Return
1-800-771-7711



Name _____ Bd. No. _____

Address _____

City _____ State _____ ZIP _____

For Reservation: Arrival _____ Departure _____

No. of Rooms: _____ @ \$ _____ per night X _____

(no. of nights)= TOTAL \$ _____

_____ I've enclosed my check for the first night's deposit to hold reservation or

charge my card ___ AMEX ___ MasterCard ___ Visa

Credit Card No. _____ Exp. ___/___/___

Signature _____

**Mail to: 5218 Patrick Road
Verona, NY 13478**

Rooms are available at a convention rate of \$125 per night, plus applicable taxes.

IAABO GOLF REGISTRATION FORM

Thursday, April 28, 2005

Shenendoah Golf Club

Shotgun Start at 10 a.m.

\$90 per golfer

(includes green fees, practice balls, cart, gifts, and lunch)

Foursomes wishing to play together may do so. Please include those names on the form below and golf shirt sizes for everyone.

Payment must be made in full.

Name _____ Size _____

Address _____

City _____ State _____ ZIP _____

Members of Foursome:

1. _____ Size _____

2. _____ Size _____

3. _____ Size _____

Total Enclosed \$ _____

Make checks payable to:

Spring 2005 IAABO Meeting

Send completed form to:

Nibsy Ryan

105 Yorkshire Boulevard

Syracuse, NY 13219

(deadline for receipt of payment is April 8, 2005)

SPECIAL EVENT REGISTRATION

Shopping Trip to

Carousel Mall

Syracuse, NY

(ONE OF THE LARGEST MALLS IN THE NORTHEAST))

(There is no cost to participate in this outing; however, timely submission of this reservation form is crucial as the trip will be limited to the first fifty (50) people who sign up.)

Name _____ Bd. No. _____

(Names of additional guests attending)

Send completed form to:

Stan Wojciechowski

6 Foxwood Drive

Baldwinsville, NY 13207

(deadline for receipt of form is April 8, 2005)

IAABO SPOUSE/GUEST BREAKFAST

Sunday, May 1, 2005

(Deadline for registration is April 8, 2005—a \$10 charge to those who register after deadline; \$10 charge for additional guests—NO EXCEPTIONS)

Name _____ Bd. No. _____

Address _____

City _____ State _____ ZIP _____

Number of guests _____

Total Amount Enclosed \$ _____

Make checks payable to:

Spring 2005 IAABO Meeting

Forward completed form to:

Stan Wojciechowski

6 Foxwood Drive

Baldwinsville, NY 13207