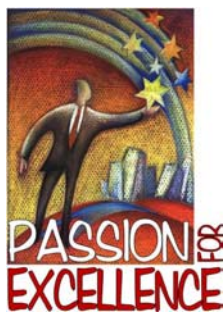


33rd Annual SUNY CDO Conference

2009 Conference Registration

"Passion for Excellence"



June 3 – June 5, 2009
The Watkins Glen Harbor Hotel
Watkins Glen, New York



Registration Category (Please circle appropriate fee)	Fee
CDO MEMBER – FULL CONFERENCE REGISTRATION: <i>(For those staying at the Hotel)</i> Includes all speakers, workshops, receptions and 2009-2010 annual CDO membership dues for eligible individuals. Note: Meals and lodging are <u>NOT</u> included in the registration fee – they are included in the hotel package (see hotel reservation form).	\$125
CDO EMERITUS MEMBER – FULL CONFERENCE REGISTRATION: <i>Same as above.</i>	\$100
CDO GRADUATE STUDENT INTERN CONFERENCE REGISTRATION: <i>Same as above.</i> Graduate students; please indicate your graduation date (mo/yr) ____/____.	\$110
COMMUTER REGISTRATION: <i>(For those not staying at the Hotel)</i> Covers full registration as described above, plus meals for the conference starting with lunch on Wednesday and ending with breakfast on Friday. Commuters must pay the full fee even if unable to attend all 3 days. Credit will not be given for missed meals, late arrivals or early departures.	\$245
ANNUAL DUES: <i>(For those not attending the conference)</i> Eligible SUNY employees: \$25.00. Graduate Student Dues: \$10.00 (only those graduate students who are continuing in school next year are eligible for membership – please indicate your graduation date (mo/yr) ____/____.	\$25 or \$10
HOTEL RESERVATION: <i>(to be paid directly to the hotel)</i>	<i>See: Hotel Form</i>

Please make check/money order payable to: **SUNY CDO, INC.** and return with this form before **May 1, 2009** to:
 Michelle Mayo, Associate Director, Career Center
 Monroe Community College, 1000 East Henrietta Rd., Rochester, New York, 14623
Payment Deadline: June 3, 2009 (checks will be accepted at the start of the conference)

SUNYCDO Federal ID#: 16-1087797

Refund Policy: No refunds after May 23, 2009

Registration Information (please print):

Name _____ Title _____
 Name Tag Version (first name only): Same as above _____
 College Name _____ Office Name _____
 Complete mailing address _____
 City _____ State _____ Zip _____ Phone _____
 Email _____

Spouse/Guest? Yes No If Yes, Name Tag Version: _____
 Thursday Reception Cruise - additional \$20.00 per guest

See hotel form for cost of meals and lodging

Check all that apply:

- I've been a member of SUNY CDO for a number of years and yes, I'd like to serve as a mentor
- I've been a member since: _____ (year joined)
- I am a new member of SUNY CDO (2009) - I've been a professional in this field since: _____
- This is my first CDO conference
- Special dietary requirements (please describe) _____

Registration Questions? Contact Kerrie Bondi at (585) 245-5721 - bondi@geneseo.edu or Michelle Mayo at (585) 292-2370 - mmayo@monroecc.edu