



PEF Navigator Registration Form

December 9 – 10, 2008
Avalon Hotel Manhattan, 16 E. 32nd Street, New York, NY.



Print Name _____
Agency _____ Job Title _____
Work Location _____
Union Position Held _____
Contact Number (_____) _____ E-mail _____
PEF Division # _____ PEF Council Leader _____
Health & Safety Chair _____
Approved by: _____ Council Leader and/or Executive Board Member

Employee Organizational Leave:

- I will be attending the training on December 9-10, 2008 and request EOL.
 I will be attending the training on December 9-10, 2008 but ***DO NOT NEED EOL.***

*******There is limited availability of EOL for this program; we strongly encourage members to ask for release time from their agencies.***

*******In order to receive EOL, you must return this registration form no later than November 14, 2008.***

Room Reservation for Members outside of the New York City Area:

There are no hotel accommodations available for this program.

Meals (for all):

Breakfast and Lunch will be provided for each day of training.

*******Cancellation Policy – PEF is requesting registrants to notify Kristina Willbrant in the Health and Safety Department at 518-785-1900 ext. 336 or 800-342-4306 ext. 336 by December 1, 2008 if not able to attend.***

Signature: _____ Date: _____

Please return the registration form by November 14, 2008 to:

New York State Public Employees Federation
Health & Safety Department
PO Box 12414
Albany, NY 12212-2414

Or fax to: (518) 785-1814, Attn.: J.Tropiano / P.Gervais

For H&S Use:

Amount Paid: _____

Notes: _____

Check Number: _____