



**NYS NATIONAL GUARD
PREVENTION & RELATIONSHIP
ENCHANCEMENT PROGRAM
2009 WORKSHOP REGISTRATION FORM**



SERVICE MEMBER'S NAME: _____ UNIT _____
 SPOUSES FULL NAME: _____
 SPOUSES SS# (needed for reimbursement) _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Telephone: (____) _____ Fax: (____) _____
 Email Address: _____
 Estimated Mileage from HOME OF RECORD to Prep Site: _____

➤ **REGISTRATION DEADLINE: ASAP**

- Woodcliff Hotel & Spa, Rochester, NY _____
 - 27 & 28 June 2009

Deadline: 7 Aug 2009
- Silver Bay YMCA of the Adirondacks _____
 - 14, 15 & 16 Aug 2009
 - Youth Program yes _____ no _____
 - (Only for Silver Bay)
 - Age _____
 - Special needs yes _____ no _____

IN CASE OF EMERGENCY WHILE IN ATTENDANCE AT PREP PLEASE CONTACT:

NAME: _____
 PHONE NUMBER: _____

ONLY THE SPOUSE OF THE SERVICE MEMBER IS PLACED ON INVITATIONAL TRAVEL ORDERS AND ELIGIBLE FOR REIMBURSEMENT. REIMBUREMENT WILL INCLUDE TRAVEL AND PARITAL PER DIEM.

SIGNATURE OF CIVILIAN SPOUSE _____ DATE _____

Please mail or fax completed registration form to:

Phone: (518) 786-4904
 FAX: (518) 786-6075
 Email: Theresa.baronelopez@us.army.mil

Theresa Barone-Lopez
 MNFP/DMNA
 330 OLD NISKAYUNA RD LATHAM NY 12110