



May 4-6, 2023

Crowne Plaza Albany-The Desmond Hotel  
660 Albany Shaker Road Latham, NY 12211

**REGISTRATION FORM**

Individual: \_\_\_\_\_

Fair or Group Affiliation: \_\_\_\_\_ Title: \_\_\_\_\_

Individual Address: \_\_\_\_\_

Individual Email: \_\_\_\_\_

Individual Phone: \_\_\_\_\_

Fair or Group Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Delegates Names	CFE Yes/No

*Please inform us of any dietary needs with your registration.*

Make checks payable to **IAFE Zone 1**

For questions: email or call (518)861-6671

[amy.anderson@altamontfair.com](mailto:amy.anderson@altamontfair.com)

**Mail to:** The Altamont Fair

P.O. Box 506

Altamont, NY 12009

Summary of Registrations:

\_\_\_\_\_ @ \$150.00 (Early Registration if received by March 15, 2023) \_\_\_\_\_

\_\_\_\_\_ @ \$175.00 (Registration received after March 15, 2023) \_\_\_\_\_

Total Enclosed : \_\_\_\_\_