

NY-YIP Pre I Day Welcome

Wednesday, April 22, 2026

Soho Buffalo

PAYABLE TO:

NY-YIP
25 Chamberlain St.
Glenmont, NY 12077
Phone: (800) 424-4244
yip@pia.org

PAYMENT INFORMATION

Name:
Business:
Street:
City, State, Zip:

ACCOUNTING CODES	ITEM DESCRIPTION/NAME	AMOUNT
210-001 9203	Sponsor Item:	\$
210-002 9202	Registration Name:	\$
210-002 9202	Registration Name:	\$
210-002 9202	Registration Name:	\$
	Pricing: \$40 YIP Member/\$55 Non YIP-member Total:	\$

Sponsor Contact Name (if different from above): _____

Agency/Company Name (if different from above): _____

Phone: _____ Website: _____

Email: _____

To Pay by Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____

Exp: ____/____ Verification Code: ____
MM/YY

Cardholder Name: _____ ☐ Personal ☐ Business

Signature: _____

To pay by Check:

My check in the amount of \$_____ is enclosed. Please remit payment with a copy of this invoice for the above mentioned item(s). Make check payable to **New York Young Insurance Professionals** or **NY-YIP** and send to above address.

Thank you for your support!



Peter Conte

NY-YIP President