



SHELDON SILVER
SPEAKER
NEW YORK STATE ASSEMBLY

CONFERENCE REGISTRATION
SOMOS 23RD ANNUAL SPRING CONFERENCE
APRIL 16 - 18, 2010



CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE

CONFERENCE PARTICIPANT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TELEPHONE _____ E-MAIL _____

CONFERENCE REGISTRATION FEES

CHECK THE DESIRED OPTION(S)	FEE	AMOUNT PURCHASED	SUBTOTAL
<input type="checkbox"/> REGISTRATION FEE	\$100.00	_____	\$_____
<input type="checkbox"/> CONCERT/DANCE	\$50.00	_____	\$_____
<input type="checkbox"/> GALA DINNER	\$250.00	_____	\$_____
<input type="checkbox"/> EARLY BIRD REGISTRATION PACKAGE	\$350.00	_____	\$_____
<input type="checkbox"/> COMPLETE PACKAGE AFTER APRIL 9TH, 2010 OR ON-SITE	\$400.00	_____	\$_____
TOTAL			\$_____

PAYMENT INFORMATION - FEES ARE NOT REFUNDABLE

METHOD OF PAYMENT

CHECK # _____ MONEY ORDER _____ VOUCHER _____

CREDIT CARD NAME _____ CREDIT CARD # _____ EXP. DATE _____

(CCV) CREDIT CARD VERIFICATION # _____

MANDATORY INFO: FULL BILLING ADDRESS _____

CITY/STATE/ZIP CODE _____

I AUTHORIZE THE ABOVE CHARGES TO MY CREDIT CARD: _____

SIGNATURE

PAYMENT INSTRUCTIONS

MAKE CHECKS PAYABLE TO:
SOMOS EL FUTURO, INC.
c/o HISPANIC FEDERATION
55 EXCHANGE PLACE, 5TH FLR.
NEW YORK, NY 10005

FAX REGISTRATION FORM TO: 718-993-6021

IF YOU HAVE ANY QUESTIONS OR FOR MORE INFORMATION
CALL JOEL CARABALLO AT 718-292-2901

REGISTRATION FORM MUST BE COMPLETED AND RECEIVED NO LATER THAN
APRIL 9TH, 2010

UPDATED FEBRUARY 1, 2010



SHELDON SILVER
SPEAKER
NEW YORK STATE ASSEMBLY

SOMOS 23RD ANNUAL SPRING CONFERENCE

APRIL 16 - 18, 2010

PRELIMINARY SCHEDULE OF EVENTS

CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE



FRIDAY, APRIL 16TH, 2010

10:00AM - 5:00PM	CONFERENCE REGISTRATION/CHECK IN	ROOM 827A	LOB
11:00AM - 5:00PM	EXHIBIT BOOTHS	CONCOURSE	EMPIRE STATE PLAZA
12:00PM - 2:00PM	SENIOR LUNCHEON	CONVENTION HALL	EMPIRE STATE PLAZA
7:00PM - 8:30PM	BIENVENIDA RECEPTION	BALLROOM A-B	CROWNE PLAZA HOTEL
9:00PM - 10:00PM	NYC COUNCIL RECEPTION	BALLROOM A-B	CROWNE PLAZA HOTEL
10:30PM - 12:30AM	CONCERT <i>(Ticketed Event)</i>	BALLROOM A-B	CROWNE PLAZA HOTEL

SATURDAY, APRIL 17TH, 2010

8:15AM - 9:45AM	LABOR BREAKFAST	BALLROOM A-B	CROWNE PLAZA HOTEL
9:00AM - 2:00PM	CONFERENCE REGISTRATION/CHECK IN	LOB ROOM 827A	LOB
9:00AM - 5:00PM	EXHIBIT BOOTHS	CONCOURSE	EMPIRE STATE PLAZA
10:00AM - 12:00PM	1 ST SESSION OF WORKSHOPS	HEARING ROOMS	LOB
12:30PM - 2:30PM	ENTRE NOSOTRAS LUNCHEON <i>(By Invitation Only)</i>	BALLROOM A-B	CROWNE PLAZA HOTEL
2:00PM - 4:00PM	2 ND SESSION OF WORKSHOPS	HEARING ROOMS	LOB
2:00PM - 4:00PM	TALLER BORICUA ART EXHIBIT/RECEPTION	CAPITAL ROOM	CROWNE PLAZA HOTEL
2:00PM - 5:00PM	CUNY/SUNY MODEL SENATE SESSION	SENATE CHAMBER	CAPITOL BUILDING
4:00PM - 6:00PM	DOMINICAN RECEPTION	TBA	
6:00PM - 7:00PM	CHAIRWOMAN'S VIP RECEPTION <i>(By Invitation Only)</i>	PEARL ROOM	CROWNE PLAZA HOTEL
7:00PM - 9:30PM	DINNER GALA <i>(Ticketed Event)</i>	BALLROOM A-B	CROWNE PLAZA HOTEL
11:00PM - 3:00AM	AFTERPARTY	BALLROOM A-B	CROWNE PLAZA HOTEL

SUNDAY, APRIL 18TH, 2010

9:00AM - 11:00AM	LA DESPEDIDA BREAKFAST	BALLROOM A-B	CROWNE PLAZA HOTEL
9:00AM - 12:00PM	YOUTH REHEARSAL	ASSEMBLY CHAMBER	CAPITOL BUILDING
12:00PM - 1:00PM	YOUTH LUNCHEON	FOOD COURT	EMPIRE STATE PLAZA
1:00PM - 4:00PM	YOUTH LEADERSHIP MOCK ASSEMBLY SESSION	ASSEMBLY CHAMBER	CAPITOL BUILDING
7:30PM - 12:00AM	STUDENT DELEGATION RECOGNITION DINNER		MICHAEL'S BANQUET HOUSE

UPDATED MARCH 9TH, 2010



SHELDON SILVER
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NEW YORK STATE ASSEMBLY

CONFERENCE REGISTRATION/HOTEL
SOMOS 23RD ANNUAL SPRING CONFERENCE
APRIL 16 - 18, 2010



CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE

HOTEL REGISTRATION INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

HOTEL INFORMATION

ARRIVAL DATE _____ DEPARTURE DATE _____

ROOM TYPE: SINGLE _____ DOUBLE _____ SMOKING _____ NON SMOKING _____

HOTEL:

- CROWNE PLAZA** – STATE AND LODGE STREETS, ALBANY, NY 12207 _____RATE \$134.00 PER NIGHT
- 74 STATE** – 74 STATE ST., ALBANY, NY 12207 _____RATE \$165.00 PER NIGHT
- HAMPTON INN** – ALBANY DOWNTOWN. 25 CHAPEL STREET, ALBANY, NY 12210 _____RATE \$129.00 PER NIGHT
- HOLIDAY INN EXPRESS** – 300 BROADWAY, ALBANY, NY 12207 _____RATE \$129.00 PER NIGHT

RATES DO NOT INCLUDE 14% TAX RATE, PLUS ANY ENERGY SURCHARGE.

RATES FOR SINGLE OR DOUBLE ROOMS ARE THE SAME.

***ROOMS ARE LIMITED, YOU MUST BOOK BY MARCH 15TH, 2010**

SOME SUITES ARE AVAILABLE - PLEASE CONTACT CINDY AT NICK LUGO TRAVEL AT 212-348-2100/646-225-0259

EMAIL: MISSRUBI3@AOL.COM FAX: 212-348-4469

PAYMENT INFORMATION - RESERVATION GUARANTEED - "FEES ARE NOT REFUNDABLE"

CREDIT CARD TYPE _____

CREDIT CARD NUMBER _____ EXP. DATE _____

(CCV) CREDIT CARD VERIFICATION # _____

NAME ON CARD _____

ADDRESS _____

I AUTHORIZE THE ABOVE CHARGES TO MY CREDIT CARD: _____ SIGNATURE



SHELDON SILVER
SPEAKER
NEW YORK STATE ASSEMBLY

JOURNAL SUBSCRIPTION FORM
SOMOS 23RD ANNUAL SPRING CONFERENCE
APRIL 16 - 18, 2010



CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE

ADS ARE DUE NO LATER THAN MARCH 26, 2010
ADVERTISER INFORMATION

NAME OF ADVERTISER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

SIGNATURE _____ DATE _____

ADVERTISEMENTS RECEIVED AFTER APRIL 1ST, 2010 WILL NOT BE PLACED IN THE JOURNAL.

AD RATES

<input type="checkbox"/> BACK COVER	COLOR	\$3,000.00	<input type="checkbox"/> CENTER BACK/LEFT	COLOR	\$1,500.00
<input type="checkbox"/> INSIDE BACK COVER	COLOR	\$3,000.00	<input type="checkbox"/> CENTER BACK/RIGHT	COLOR	\$1,500.00
<input type="checkbox"/> INSIDE FRONT COVER	COLOR	\$3,000.00	<input type="checkbox"/> CENTER SPREAD*	COLOR	\$3,000.00
<input type="checkbox"/> CENTER/FRONT LEFT	COLOR	\$1,500.00	<input type="checkbox"/> FULL PAGE	B&W	\$800.00
<input type="checkbox"/> CENTER/FRONT RIGHT	COLOR	\$1,500.00	<input type="checkbox"/> HALF PAGE	B&W	\$450.00

YES, I EMAILED MY AD TO somoshedy@earthlink.net * CENTER SPREAD IS LAYOUT OVER TWO PAGES

SPECIFICATIONS

DIMENSIONS:

FULL PAGE (Live area): 7.5"x10" OR FULL PAGE 8.5"x11" (with bleed) HALF PAGE 7.5" x 4.75"

*All advertisements should be in Adobe PDF format and **EMAILED TO somoshedy@earthlink.net**
Please title ad 'with your company', organization or agency, (for eg., ConEdison ad) and indicate what size ad.
We do not assume responsibility for advertisements not conforming to specified requirements and reserve the right to make adjustments to advertisements. All advertisements become the property of the Task Force.*

PAYMENT INSTRUCTIONS

MAKE CHECKS PAYABLE TO:
SOMOS EL FUTURO, INC., c/o HISPANIC FEDERATION
55 EXCHANGE PLACE 5TH FLR.
NEW YORK, NY 10005
FAX FORM TO: -718-993-6021

IF YOU HAVE ANY QUESTIONS OR FOR MORE INFORMATION
OR TO EMAIL AD: somoshedy@earthlink.net
ADS MUST BE RECEIVED NO LATER THAN
TUESDAY, MARCH 26TH, 2010

METHOD OF PAYMENT

CHECK # _____ MONEY ORDER _____ VOUCHER _____
(SPECIFY ISSUER & CHECK NUMBER) (SPECIFY VOUCHER NUMBER)

CREDIT CARD NAME _____ CREDIT CARD # _____ EXPIRATION DATE _____

FULL BILLING ADDRESS _____

(CCV) CREDIT CARD VERIFICATION # _____

I AUTHORIZE THE ABOVE CHARGES TO MY CREDIT CARD: _____ SIGNATURE _____



SHELDON SILVER
SPEAKER
NEW YORK STATE ASSEMBLY

CONFERENCE REGISTRATION/EXHIBIT SPACE
SOMOS 23RD ANNUAL SPRING CONFERENCE
APRIL 16 - 18, 2010



CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE

BOOTH RENTAL FORM

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CONTACT PERSON _____

TELEPHONE _____

E-MAIL _____

The undersigned agree to the Rules of the NYS Assembly/Senate Puerto Rican/Hispanic Task Force as stated in this Agreement, all of which are made a part thereof, and request the following Exhibit Space for our own use. The Task Force reserves the right to assign Booth Space in order to avoid conflict of displays or products. The Task Force reserves the right to adjust space due to traffic flow, Fire Marshall requirements, or other management reasons. In consideration for the use of Exhibit Space, Exhibitor agrees to pay the amounts listed below:

BOOTH RENTAL COSTS

NUMBER OF BOOTHS _____ **PRICE \$500.00 PER BOOTH** **TOTAL AMOUNT DUE** _____

ELECTRICITY NEEDED _____ *(check here and please submit an additional \$65.00 per booth)*

*Booth Package includes: Back drapes and 3' high side drapes, 6' skirted table with vinyl top. Identification sign (up to two lines) and two chairs. Exhibitor must supply heavy duty (12ft., 15ft., or 25ft. extension cords, to distribute electricity to your booth. **BOOTH DISPLAYS WILL BE ON DISPLAY FROM 1PM - 5PM ON FRIDAY AND 9AM - 5PM ON SATURDAY.** (Please do not leave booth unattended or leave any valuables behind.) Due to limited space only one table per booth is allowed.*

VENDOR SIGN (PRINT OR TYPE)

YOUR SIGN CAN ACCOMMODATE UP TO TWO LINES OF TEXT. PLEASE TYPE WORDING BELOW, EXACTLY AS YOU WISH YOUR SIGN TO APPEAR.

METHOD OF PAYMENT

BOOTH REQUESTS ARE DUE NO LATER THAN MARCH 26, 2010. BOOTH SPACES WILL NOT BE REFUNDED AFTER APRIL 1, 2010

CHECK # _____ MONEY ORDER _____ VOUCHER _____
 (SPECIFY ISSUER & CHECK NUMBER) (SPECIFY VOUCHER NUMBER)

CREDIT CARD NAME _____ CREDIT CARD # _____ EXPIRATION DATE _____

(CCV) CREDIT CARD VERIFICATION # _____

FULL BILLING ADDRESS _____

I AUTHORIZE THE ABOVE CHARGES TO MY CREDIT CARD: _____
SIGNATURE

PAYMENT INSTRUCTIONS

MAKE CHECKS PAYABLE TO:
SOMOS EL FUTURO, INC., c/o HISPANIC FEDERATION, 55 EXCHANGE PLACE 5TH FLR., NEW YORK, NY 10005
PLEASE FAX THIS FORM TO: 212-233-8996

IF YOU HAVE ANY QUESTIONS OR FOR MORE INFORMATION PLEASE CALL FRANKIE MIRANDA AT 212-233-8955
BOOTH SPACE WILL BE ASSIGNED BY DATE OF RECEIPT OF FORM WITH FULL PAYMENT

- Rules Pertaining to Exhibit Booth Rental. DUE TO INCREASED SECURITY CONCERNS THE FOLLOWING RULES APPLY FOR EXHIBITORS**
- All Exhibitors and Assistants must have current Photo Identification in order to gain entry into the Empire Plaza.**
 - Folding tables or other paraphernalia are not permitted. Exhibitors must confine their materials and other stands to their designated Booth. No materials can impede the flow of traffic or otherwise obstruct walkways. If you require additional space, we suggest you rent two (2) booths.
 - EXHIBITORS ARE REQUIRED TO HAVE ALL BOOTHS SET-UP BY 11AM ON FRIDAY, APRIL 16, 2010.** Exhibitors unable to comply with this request, must obtain permission to set up their Booths from the State Police whose office is located at the Southern end of the Concourse level.
 - EXHIBITORS MAY BEGIN BREAKING DOWN EXHIBIT BOOTHS AT 5PM ON SATURDAY, APRIL 17, 2010** unless otherwise instructed.
 - Exhibitors must use Parking Level 1 and 3 (P1, P3) to unload equipment/merchandise. No one will be permitted to unload in the Bus Terminal under any circumstances.
 - Booths **WILL NOT** be rented on the Date of the Exhibit.

THESE RULES ARE INTENDED FOR EVERYONE'S PROTECTION AND SAFETY. WE THANK YOU FOR YOUR COOPERATION.

UPDATED FEBRUARY 1, 2010



SHELDON SILVER
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NEW YORK STATE ASSEMBLY

SOMOS 23RD ANNUAL SPRING CONFERENCE
SOMOS LEGISLATIVE CONFERENCE
APRIL 16 - 18, 2010



CARMEN E. ARROYO
CHAIRPERSON
NYS ASSEMBLY PUERTO RICAN
/HISPANIC TASK FORCE

DINNER GALA REGISTRATION FORM
THE BLACK TIE DINNER GALA IS SCHEDULED FOR SATURDAY, APRIL 17, 2010

FIRST NAME _____ MI _____ LAST NAME _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

METHOD OF PAYMENT - "FEES ARE NOT REFUNDABLE"

CHECK/VOUCHER _____ MONEY ORDER _____ TOTAL _____

CREDIT CARD NAME _____ CREDIT # _____ EXP. DATE _____

(CCV) CREDIT CARD VERIFICATION # _____

FULL BILLING ADDRESS _____

I AUTHORIZE THE ABOVE CHARGES TO MY CREDIT CARD: _____ SIGNATURE _____

ATTENDEES INFORMATION

NUMBER OF TICKETS: _____ @\$250.00 EACH TOTAL: \$ _____

NAME OF TICKET HOLDERS: (IF APPLICABLE)

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

PAYMENT INSTRUCTIONS

PLEASE RETURN THIS FORM WITH PAYMENT TO:
SOMOS EL FUTURO, INC., c/o HISPANIC FEDERATION
55 EXCHANGE PLACE, 5TH FLR.
NEW YORK, NY 10005

IF YOU HAVE ANY QUESTIONS OR FOR MORE INFORMATION CALL: FRANKIE MIRANDA 212-233-8955/FAX 212-233-8996

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE.

DATE RECEIVED: _____ CHECK DATE: _____ CHECK NUMBER: _____ CHECK AMOUNT _____