

GREATER NEW YORK REGIONAL SERVICE INSURANCE CERTIFICATE REQUEST FORM

Date of Request: _____

Certificate For: Group Event

Name of Area: _____

If Certificate for a regular standing meeting, complete the following:

Name of Group: _____

Name of Facility: _____

Address of Facility: _____

City, State, Zip: _____

Meeting Day[s]: _____

Meeting Time[s]: _____

OR

If Certificate for a one time event, complete the following:

Name of Event: _____

Name of Building: _____

Address of Event: _____

City, State, Zip: _____

Date of Event: _____

Time of Event: _____

Certificate can be mailed, faxed, picked up or sent as an e-mail attachment:

Select One: Pick Up Mail Fax E-Mail Attachment

Name: _____

Address: _____

City, State, Zip: _____

Phone/Fax #: _____

E-Mail Address: _____

**CERTIFICATE NOT PAID FOR BY YOUR AREA
\$25 PAYABLE IN ADVANCE (MAKE CHECK OUT TO GNYRSO)**

For Meeting Spaces: Reservable Anually from October 15th, 2008 to October 15th, 2009

For Events: Valid for Date of Event (Request Certificate *at least 2 Weeks* in Advance of the Event)

REQUESTS MAY BE MADE BY MAIL TO 154 CHRISTOPHER ST., SUITE 1A, NEW YORK, NY 10014,
FAX (212-929-7153), OR BY TELEPHONE (212-929-7117) DURING REGIONAL SERVICE OFFICE HOURS