25TH ANNUAL REGION 1 MEETING

NYS FEDERATION OF LAKE ASSOCIATIONS

TOPICS

1. Cyanobacteria Study by Dr. Michael Chislock of SUNY Brockport
2. Upstate Freshwater Institute and Water Quality of NYS Lakes by Dr. Dave Matthews
3. Lake Association Projects of the Finger Lakes and Western New York Lakes

***OCTOBER 19, 2019***

10 A.M. TO 3 P.M.

MOONWINKS RESTAURANT

ONE MILE NORTH OF CUBA, NEW YORK

LUNCH MENU

Soup and sandwich buffet with sliced meats, cheeses, breads, relish, cottage cheese, 2 homemade soups, fruit salad dessert and coffee or tea.

\*\* A fee of $15.00 and registration is due no later than ***October 10, 2019***. Send the Registration form and check to **Barbara Utter, 5086 Willowbrook Dr, Clarence, New York, 14031**. Checks should be made out to –NYSFOLA or New York State Federation of Lake Associations. Registration is also available on the NYSFOLA website using Paypal. Questions? Call Don Cook at 585-367-9293.

**REGISTRATION FORM**

NAME OF LAKE - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARTICIPANTS - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number \_\_\_\_\_ Total Amount Enclosed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIETARY NEEDS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_