



## Hospice and Palliative Care Association of New York State

### 39<sup>th</sup> Annual Interdisciplinary Seminar and Meeting *Journey to the Stars*

April 3, 2019

The Albany Marriott Hotel, Albany, NY



#### DELEGATE DESIGNATION FORM FOR USE BY HOSPICE/PALLIATIVE CARE/ORGANIZATIONAL MEMBERS

**INSTRUCTIONS:** If the organization's administrator is unable to attend the Business Meeting and cast a vote on behalf of the organization, a representative from that organization may be delegated to vote. This form should be completed and signed by the administrator.

The organization's representative should present this form at the registration desk when registering for the conference. A voting member ribbon will be provided.

**Organization Name:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_

**Authorizing Signature/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_