



**SHELDON SILVER**  
SPEAKER  
NEW YORK STATE ASSEMBLY

**CONFERENCE REGISTRATION**  
**SOMOS 23<sup>RD</sup> ANNUAL SPRING CONFERENCE**  
**APRIL 16 - 18, 2010**



**FELIX W. ORTIZ**  
CHAIRMAN  
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	_____	\$ _____
<b>TOTAL</b>			\$ _____

**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 MAARCH 23RD, 2010



**SHELDON SILVER**  
SPEAKER  
NEW YORK STATE ASSEMBLY

# SOMOS 23<sup>RD</sup> ANNUAL SPRING CONFERENCE

**APRIL 16 - 18, 2010**

## PRELIMINARY SCHEDULE OF EVENTS

**FELIX W. ORTIZ**  
CHAIRMAN  
NYS ASSEMBLY PUERTO RICAN  
/HISPANIC TASK FORCE



### FRIDAY, APRIL 16<sup>TH</sup>, 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
4:00PM - 6:00PM	HISPANIC OUTREACH SERVICES RECEPTION	WEBSTER'S RESTAURANT	CROWNE PLAZA HOTEL
5:00PM - 7:00PM	SENATOR SAMPSON RECEPTION	CAPITAL ROOM	CROWNE PLAZA HOTEL
7:00PM - 8:30PM	BIENVENIDA RECEPTION	BALLROOM A-B	CROWNE PLAZA HOTEL
8:30PM - 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 17<sup>TH</sup>, 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 <sup>ST</sup> 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 <sup>ND</sup> 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
5:00PM - 7:00PM	DOMINICAN RECEPTION	CAPITAL ROOM	CROWNE PLAZA HOTEL
6:00PM - 7:00PM	CHAIRMAN'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 18<sup>TH</sup>, 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



**SHELDON SILVER**  
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**CONFERENCE REGISTRATION/HOTEL**  
**SOMOS 23<sup>RD</sup> ANNUAL SPRING CONFERENCE**  
**APRIL 16 - 18, 2010**



**FELIX W. ORTIZ**  
CHAIRMAN  
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 23<sup>RD</sup> ANNUAL SPRING CONFERENCE**  
**APRIL 16 - 18, 2010**



**FELIX W. ORTIZ**  
CHAIRMAN  
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 23<sup>RD</sup> ANNUAL SPRING CONFERENCE**  
**APRIL 16 - 18, 2010**



**FELIX W. ORTIZ**  
CHAIRMAN  
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 MARCH 23RD, 2010



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NEW YORK STATE ASSEMBLY

**SOMOS 23<sup>RD</sup> ANNUAL SPRING CONFERENCE**  
**SOMOS LEGISLATIVE CONFERENCE**  
**APRIL 16 - 18, 2010**



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CHAIRMAN  
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**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 \_\_\_\_\_

UPDATED MAARCH 23RD, 2010