

Alliance with the Medical Society of the State of New York

865 Merrick Avenue, Westbury, New York 11590
(800) 523-4405 x396 Fax: (516) 616-9285



Co-President
Barbara Ellman
10 Brighton Court
Loudonville, NY 12211
[Bellman18@aol.com](mailto:bellman18@aol.com)
Albany County

Our Mission:
to support our physicians and promote health in our communities

DATE: February 14, 2020

TO: New York State Alliance Board Members
Members and County Officers

RE: The 84th Annual Meeting
Westchester Marriott Hotel
Tarrytown, NY
April 23-24, 2020

We welcome you to the Call to our Annual Meeting!

Please reserve these dates now so that you may have an active role in the decision-making that will carry your organization forward through another productive year both locally and in Chicago.

Please note all the very important enclosed data on separate forms and **please return all completed forms with your payment to the attention of Kathleen Rohrer, MSSNY – Alliance Office, 865 Merrick Avenue, Westbury, NY 11590.** The registration fee for this Annual Meeting is \$35. The cost for the President's luncheon to be held on Friday, April 24 is \$40.

- Reservation Forms for: Attendees, Hotel Rooms, Co-Presidents' Luncheon, and the MSSNY President's Reception – **Please make your check payable to AMSSNY.** The Annual Meeting will be held at the Westchester Marriott Hotel in Tarrytown, located at 670 White Plains Road, Tarrytown, NY. MSSNY has arranged for a block of rooms for our use at the hotel at a rate of \$142. You can call the hotel directly at 914-631-2200 to book your reservation. Please advise them that you are part of the Medical Society House of Delegates. The deadline for reservations is March 19 but the hotel can fill up before that deadline.

If there are any questions, please do not hesitate to call upon anyone of us. You can also direct inquiries to Kathleen Rohrer in Westbury at 1-800-523-4405 ext. 396.

Look forward to seeing many of you in Tarrytown, NY. The committee has put much effort into this meeting and welcomes your participation. Remember the Alliance will only succeed with your enthusiastic participation. This is your opportunity **to be the change you wish to see in your ALLIANCE!!**

Sincerely,

Barbara Ellman, Valerie Semeran, Nuise Bhitiyakul
Co-Presidents

enc: Annual Meeting Registration Form
Luncheon Registration Form
MSSNY President's Dinner Dance RSVP Form

United for a Healthy Future

ANNUAL MEETING REGISTRATION

Please return this completed form by **March 22, 2019**

**ALLIANCE WITH THE MEDICAL SOCIETY OF THE STATE OF NEW YORK
83rd Annual Meeting – April 11-12, 2019
Westchester Marriott Hotel, Tarrytown, New York**

ANNUAL MEETING REGISTRATION

**Please complete and return with your check to:
KATHLEEN ROHRER
MSSNY – ALLIANCE OFFICE
865 Merrick Avenue
Westbury, NY 11590**

**Annual Meeting Registration Fee: \$35
Luncheon Fee: \$35**

NAME _____ **SPOUSE** _____

ADDRESS _____

City: _____ **State:** _____ **Zip:** _____

Telephone: () _____ **E-mail:** _____

County Alliance _____

I will arrive on _____ **at** _____ **am/pm**

I will depart on _____ **at** _____ **am/pm**

I plan to attend:

_____ **Annual Meeting Registration Fee: \$35**

_____ **AMSSNY Continental Breakfast – Friday**

_____ **AMSSNY President’s Luncheon – Friday: \$35**

In Memoriam:

We also request a list of the names of all deceased members so that they may be remembered in the Memorial Service. Return lists to the AMSSNY Executive Director:

Kathy Rohrer
AMSSNY Executive Director
865 Merrick Avenue
Westbury, NY 11590
(800) 523-4405 x396
KRohrer@mssny.org

Written Annual Reports From
State Officers, Directors, Appointed Officers, Committee Chairs,
Co-Chairs and County Presidents

We ask you to describe your activities since the last Annual Meeting. The report should be typed, single space, on plain paper, with one inch margins. If you are an Alliance representative on a MSSNY Committee, please be sure to include a report on your Committee. All reports will be distributed at the Annual Meeting. If you miss this deadline, please bring 20 copies of your report to the meeting. You may also e-mail your reports to KRohrer@mssny.org. Just a reminder - if you are unable to attend the meeting, please send your reports and ask to be excused from attendance.

No copies of reports will be made at the time of the meeting!

Please submit reports by **March 22, 2019** to:

Kathleen Rohrer, Executive Director
MSSNY – Alliance Office
865 Merrick Avenue
Westbury, New York 11590
(800) 523-4405 x396 Toll Free
KRohrer@MSSNY.ORG

*You are cordially invited
to a Luncheon
honoring AMSSNY Co-Presidents
≡ Nuise Bhitiyakul, Valerie Semeran & Barbara Ellman ≡
and the incoming AMSSNY Presidents
On Friday, April 12, 2019
Westchester Marriott Hotel, Tarrytown, New York
Cooper's Mill Restaurant
RSVP by March 22, 2019*

*The cost for the luncheon is \$35
Please:
≡ make check payable to AMSSNY ≡
≡ return form by March 22, 2019 ≡
≡ check in full amount must accompany reservation ≡
≡ reservations are strongly recommended ≡*

Enclosed is my check for \$ _____ for # of reservation(s) _____

Menu Selection (please select one):

Salmon
 Turkey Wrap
 Black Bean Quinoa Burger

*Mail To:
Kathleen Rohrer
MSSNY – Alliance Office
865 Merrick Avenue
Westbury, NY 11590*



*THE MEDICAL SOCIETY
of the
STATE OF NEW YORK*

CORDIALLY INVITES YOU TO

THE PRESIDENTS' DINNER DANCE

HONORING

*THOMAS J. MADEJSKI, MD, FACP
PRESIDENT*

AND

*ARTHUR C. FUGNER, MD
PRESIDENT-ELECT*

»♦«

*SATURDAY, APRIL 13, 2019
Grand Ballroom
Westchester Marriott Hotel
7:00 PM Cocktails, Dinner & Music*

»♦«

RSVP REQUIRED

(Please Return This Completed Form)

This event will be a sit down dinner and will require a RSVP if you want to attend

[] will attend with:

(please print names of all guests)

[] Sends Regrets

A