



nysar

REQUEST FOR OFFICER VISITATION

New York State Association of REALTORS®, Inc.

BOARD/ASSOCIATION NAME: _____

FUNCTION: _____

TYPE OF MEETING: _____ GENERAL MEMBERSHIP _____ BOARD OF DIRECTORS (attach meeting schedule)
_____ OTHER Please Specify: _____

PERSON BEING REQUESTED (PLEASE CHECK ONE):
___ PRESIDENT ___ PRESIDENT-ELECT ___ SECRETARY/TREASURER ___ CEO

DATE OF VISIT: _____ TIME OF ARRIVAL: _____

NAME OF FACILITY: _____

ADDRESS AND DIRECTIONS TO FACILITY: _____

NAME, ADDRESS, PHONE NUMBER AND DIRECTIONS TO FACILITY FOR OVERNIGHT ACCOMMODATIONS:

DUTIES TO BE CARRIED OUT: _____

AREAS OF CONCERN TO YOUR BOARD/ASSOCIATION MEMBERS:

INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION:

Name Title

Address Phone

RETURN TO:

Caitlin Egan
New York State Association of REALTORS®
130 Washington Avenue, Albany, NY 12210-2220
Email: cegan@nysar.com or FAX: 518.462.5474