Individual Registration Form
(International attendees—please use designated forms)
Online registration available at www.ncsl.org/summit

Step 1: Main Registrant Information

First Name MI Last Name

Badge Name (First or Nickname) Job Title

Company Name

Mailing Address Home Office Statehouse

City State Zip

Telephone

Confirmation Email Address (Required)

Step 2: Registration Categories & Fees

*For One Day Only registration, circle which day: Mon Tues Wed Thurs

<table>
<thead>
<tr>
<th></th>
<th>Early Bird (by May 23)</th>
<th>Advanced (by July 11)</th>
<th>Onsite (after July 11)</th>
<th>One Day Only*</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Legislator (L) or State Legislative Staff (S)</td>
<td>$575</td>
<td>$640</td>
<td>$715</td>
<td>$440</td>
</tr>
<tr>
<td>Charitable Association (C) must have 501(c)3 status or Government (G) or University (V)</td>
<td>$940</td>
<td>$1,060</td>
<td>$1,175</td>
<td>$715</td>
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<tr>
<td>Union (U) or Trade Association (T) or Business (B) &amp; all others</td>
<td>$1,080</td>
<td>$1,220</td>
<td>$1,355</td>
<td>$820</td>
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<tr>
<td>NCSL Foundation Sponsor (F)</td>
<td>$895</td>
<td>$1,008</td>
<td>$1,125</td>
<td>$670</td>
</tr>
</tbody>
</table>

Step 3: Housing
Book your hotel reservation at www.ncsl.org/summit.

Step 4: Registration Questions
Please provide an Emergency Contact; Name & Phone Number.

Is this your first NCSL Summit? Yes No

What is your preferred e-mail address for meeting updates?

Please list any special accommodations you may require; health-related, dietary or transportation?

Do you have a Twitter Handle to add to your NCSL Account? Yes No

Would you like to learn more about NCSL’s Young & New Professionals program? Yes No

Are you interested in participating in NCSL’s Wellness Week activities during the summit? Yes No

Would you like to attend the NCSL Retirement Security Symposium preconference in the morning on Monday, August 8th? Yes No

Do you plan on attending any Standing Committee Meetings or the Business Meeting? By checking yes you acknowledge that the meetings will be PAPERLESS, and documents will only be available on the NCSL Resources Page or our mobile app. Yes No

Step 5: Family Registration Items
Do you have any guest (s) /youth? Yes No

If you have a guest (s) / youth, please complete the family registration form.

*see website for cancellation / substitution fees and policies

Step 6: Additional Registration Items

CLE (Continuing Legal Education) $199

Step 7: Payment Method for Main Registrant

Bill State Legislature (if applicable) P.O. #

Agency ___________________________ Amt $ __________

Check Number: __________________________

Credit Card Type: __________________________

Expiration date: __________________________

Account Number: __________________________


Name on Card: __________________________

Cardholder’s Signature: __________________________
Guest & Youth Registration Form
(Must be accompanied by an individual registration form)
Online registration available at www.ncsl.org/summit

Step 1: Main Registrant Information
(from main reg. form)

First Name MI Last Name

City State Zip

Step 2: Registration Categories & Fees

$125 per guest registrant

This fee includes admission to the Legislative Summit exhibit hall, lunch and social events.

Adult guest registration is open to immediate family members age 18 or older (friends, colleagues or co-workers cannot register as your guest). Guests who wish to attend the educational sessions or meal functions will be required to purchase a full conference registration.

There is not a separate youth program or daycare provided in Chicago

The youth fee includes admission to the exhibit hall and the social events. All youth must be ages 5-17 and must be accompanied by an adult at all times.

Adult Guest Name:____________________________

Relationship:______________________________

Emergency Contact:_________________________

1) Youth Guest Name:__________________________

Age:________

2) Youth Guest Name:__________________________

Age:________

3) Youth Guest Name:__________________________

Age:________

Step 3: Payment Method for Guest Registrant

Check Number:______________________________

Credit Card Type:____________________________

Expiration date:____________________________

Account Number:____________________________

Security Code:_______ Billing Zip Code:_______

Name on Card:______________________________

Cardholder’s Signature:______________________

Registration Information
Email: registration@ncsl.org
Information: 303-364-7810

Mail Registration Fax Registration
7700 East First Place 303-364-7811
Denver, CO 80230

*Please pick up badges onsite.

Cancellation Policy:
Guest and Youth registrations fees will be refunded in full if cancelation is received in writing by midnight Sunday, August 7, 2016.

*See website for registration policies.