

ASLCS Professional Development Seminar 70th Anniversary Celebration

October 9-13, 2013 - Sheraton Grand Sacramento - Sacramento, California

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Email: _____

Emergency Contact: _____ Telephone: _____

Do you and/or your guest have any dietary preferences, restrictions or allergies? _____

For Special requests re: accommodations, please contact Joanne Stroud at 303.856.1538 or joanne.stroud@ncsl.org

Are you a New Attendee to this meeting or would you like to Sponsor a New Attendee at this meeting?:

Check here if you are a first-time attendee to the ASLCS Professional Development Seminar

Check here if you would like be a sponsor for a first-time attendee

So we can obtain an accurate estimate for attendance for these events, please indicate which social events you plan on attending (check all):

Yes **No** **Guest attending** – **Wednesday, October 9th** – Luncheon and Business Meeting

Yes **No** **Guest attending** – **Wednesday, October 9th** – Opening Dinner at the Sutter's Fort

Yes **No** **Guest attending** – **Thursday, October 10th** – Evening Reception at the California Railroad Museum

Yes **No** **Guest attending** – **Friday, October 11th** – Lunch and ASLCS 70th Anniversary Celebration

Yes **No** **Guest attending** – **Friday, October 11th** – Host State Dinner at Old Sugar Mill/Carvalho Family Winery

Yes **No** **Guest attending** – **Saturday, October 12th** – State Dinner

Yes **No** **Guest attending** – **Sunday, October 13th** – Breakfast and Business Meeting

Please choose a t-shirt size:

Small Medium Large X-Large XX-Large

Legislative Staff	\$325
Gov/Non-profit	\$500
Guest/Spouse	\$195
Guest Name: _____	

Meeting Registration Payment: Pay on site Check Enclosed # _____

Bill the State Legislature P.O. # _____ Agency Name _____

Please Charge My Card: AMEX MasterCard Visa Discover

Credit Card Number: _____ Exp. Date: _____ Amount: \$ _____

Signature: _____

Cancellation/Refund Policy: All cancellations must be made in writing and faxed to (303) 364-7811 or e-mailed to registration@ncsl.org. Cancellations received by **October 8, 2013** will be refunded, minus a \$50 processing fee. Fees cannot be refunded for registrations cancelled after the conference begins. **No onsite cancellations or substitutions.**

For registration information, call (303) 364-7700 x1456 or x1358 or visit our website at www.ncsl.org for information.