Name: ________________________________________________
Title: ________________________________________________
Organization: __________________________________________
Address: ______________________________________________
City: ___________________________ State: _______ Zip: _______
Business Phone: ___________________ Cell Phone: ______________
Email: ________________________________________________
Emergency Contact: ___________________________ Phone: ________
Guest Name: __________________________________________

Special Needs
Please list any dietary restrictions, preferences or allergies: __________________________________________
Please list any physical accommodations needed: ________________________________________________
For questions about special needs, contact Megan Martin at 303-856-1496 or Megan.Martin@ncsl.org.

New Attendees/New Attendee Mentors
☐ Check here if you are a first-time attendee to the ASLCS Professional Development Seminar.
☐ Check here if you would like be a mentor for a first-time attendee.

Social Events
Please select the social events you plan on attending (this is just for planning purposes):
☐ Welcome reception (Sunday, Sept. 24)
☐ Night at the Museum (Monday, Sept. 25)
☐ Arizona Diamondbacks vs. San Francisco Giants at Chase Field (Tuesday, Sept. 26)
☐ Heard Museum reception (Wednesday, Sept. 27)
☐ President’s reception and State Dinner (Thursday, Sept. 28)

Registration
<table>
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<th>Legislative Staff</th>
<th>$400</th>
<th>International: (please circle one)</th>
<th>$0</th>
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Mail or fax this form by Friday, Sept. 15, 2017 to:
NCSL Registration/Accounting
7700 East First Place
Denver, CO 80230
Fax: (303) 364-7811

Please note:
Confirmations and badges will not be mailed prior to the meeting. All badges may be picked up on site.
Registration Payment Options

☐ Pay on site

☐ Check enclosed: Check #_________________________ Amount: ________________________________

☐ Bill my state legislature: P.O.# __________________ Agency name: __________________________

☐ Charge my credit card: ☐ AmEx ☐ MasterCard ☐ Visa ☐ Discover

  Credit card number: ________________________ Exp. date: __________ Amount: $__________

  Signature: ____________________________________________________________________________

Cancellation/Refund Policy: Cancellations must be made in writing and faxed to (303) 364-7811 or emailed to registration@ncsl.org. Cancellations received by Sept. 22, 2017 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.