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.

Special Events – please select the social events you plan on attending (this is just for planning purposes)
☐ Welcome reception (Sunday, Sept. 23)
☐ Monona Terrace Reception (Monday, Sept. 24)
☐ Henry Vilas Zoo (Wednesday, Sept. 26)
☐ President’s reception and State Dinner (Thursday, Sept. 27)

Registration

<table>
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<tr>
<th>Legislative Staff</th>
<th>$400</th>
<th>International: (please circle one)</th>
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<td>Guest</td>
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<td>CATTS, ATELCA, ANOMAC, ANZACATT, SALSA</td>
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$0 Business/Other $500 Sponsor $0

Mail or fax this form by Friday, Sept. 14, 2018 to:
NCSL Registration/Accounting
7700 East First Place
Denver, CO 80230
Fax: (303) 856-2554

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) 856-2554 or emailed to registration@ncsl.org. Cancellations received by Sept. 21, 2018 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 x1383 or visit our website at www.ncsl.org.