



National Conference of State Legislatures  
**NLPES Professional Development Seminar**  
 Sept. 17-20, 2017 / Madison Concourse Hotel—Madison, Wisc.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Pre-Registration Deadline is:**  
**Sept. 8, 2017**

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 are to be picked up onsite at Registration

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special requests re: meals or accommodations: please contact [brenda.erickson@ncsl.org](mailto:brenda.erickson@ncsl.org).

**Check here** if you are a first-time attendee

Registration Fee (Check one only)	Fee
<input type="checkbox"/> Legislator/Legislative Staff	\$375.00
<input type="checkbox"/> Government <input type="checkbox"/> Charitable Organization—501(C)3 only <input type="checkbox"/> Union <input type="checkbox"/> Business, Trade Association, University & All Others	\$375.00
<input type="checkbox"/> Daily: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	\$200.00
<input type="checkbox"/> Legislative Staff from Wisconsin Host Office <i>(Special authorization is required.)</i>	\$300.00
<input type="checkbox"/> Guest <i>(defined as a member of your immediate family or spouse/partner and cannot be billed to your legislature, chamber or legislative agency)</i> Guest Name: _____	\$150.00
<input type="checkbox"/> Optional Dutch-treat Special Event on Sunday, Sept. 17 <i>(Cannot be billed to your legislature, chamber or legislative agency)</i> Number of people _____	\$38.50 per person

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) 856-2554 or emailed to [registration@ncsl.org](mailto:registration@ncsl.org). Those received by Sept. 15, 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.**

Questions about registration—call (303) 856-1358. Questions about the NLPES PDS—call (303) 856-1391.