

Research, Editorial, Legal and Committee Staff & Legislative Research Librarians

2018 Professional Development Seminar

Harrisburg, PA - Oct. 4-6, 2018

Name: _____
 Title: _____
 Organization: _____
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 City: _____ State: _____ Zip: _____
 Business Phone: _____ Business Fax: _____
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 Emergency Contact (Name/Telephone): _____

SAVE MONEY by mailing or faxing form by Sept. 25.

NCSL Registration/Accounting
 7700 E. 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 at onsite registration.*

Special requests for meals or accommodations? Please contact Tricia Simmons: Tricia.simmons@ncsl.org or 303-856-1486.

Check here if you are a first-time attendee

Registration Fee (check one)	Fee	Interests
<input type="checkbox"/> Legislator <input type="checkbox"/> Legislative staff	\$375 Early-bird (Before Sept. 25) \$400 (After Sept. 25)	<p>I am registering for:</p> <input type="checkbox"/> RELACS <input type="checkbox"/> LRL
<input type="checkbox"/> Host State Legislative staff	\$315	
<input type="checkbox"/> One-day fee <i>(Please indicate the day you are attending)</i> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	\$200	
<input type="checkbox"/> Government	\$450	
<input type="checkbox"/> Charitable associations <i>(Must be a 501(C)3)</i> <input type="checkbox"/> Trade associations <input type="checkbox"/> Union <input type="checkbox"/> Business, university and all others	\$450	
<input type="checkbox"/> Spouse/Guest <i>(Guest must be a member of your immediate family)</i> Guest name: _____	\$175	

Cancellation/Refund Policy: Cancellations must be made in writing and faxed to 303-856-2554 or e-mailed to registration@ncsl.org. Cancellations received by October 2 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 and ask for Registration, or visit www.ncsl.org for information.

Meeting Registration Payment: Paying onsite 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: _____