

# National Security and Services Association

Austin, Tex. - Sept. 22-27, 2013



Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact (Name/Telephone): \_\_\_\_\_

## Mail or Fax form by Sept. 21

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 are to be picked up onsite at registration

For special requests re: meals or accommodations, please contact Stacy Householder at 303-856-1352 or [stacy.householder@ncsl.org](mailto:stacy.householder@ncsl.org)

Check here if you are a first-time attendee

Registration Fee (Check one only)	Fee
<input type="checkbox"/> Legislator <input type="checkbox"/> Legislative Staff	\$300.00
<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	\$350.00
<input type="checkbox"/> Guest ( <i>defined as a member of your immediate family or spouse/partner</i> )	\$150.00
Guest Name: _____	

**Cancellation/Refund Policy:** All cancellations must be made in writing and faxed to (303) 364-7811 or e-mailed to [registration@ncsl.org](mailto:registration@ncsl.org). Those received by October 9 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, ext. 1358 or ext. 1456 or visit our website at [www.ncsl.org](http://www.ncsl.org) for information.

Meeting Registration Payment:  Pay 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: \_\_\_\_\_