

# National Seminar on Human Resource Management in State Legislatures

Denver, Colorado - October 9-11, 2013

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

**SAVE MONEY by mailing or faxing form by Sept. 6.**

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 Heather Plush at 303-856-1496 or [heather.plush@ncsl.org](mailto:heather.plush@ncsl.org)*

Check here if you are a first-time attendee

Registration Fee (Check one only)	Fee
<input type="checkbox"/> Legislator	\$350 Early-bird (By Sept 7) \$375 (After Sept 7)
<input type="checkbox"/> Legislative Staff	
<input type="checkbox"/> Host State	\$300
<input type="checkbox"/> One-Day Fee <i>(Please choose which day you are attending)</i>	\$150
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> Government	
<input type="checkbox"/> University	\$450
<input type="checkbox"/> All Other	
<input type="checkbox"/> Guest <i>(defined as a member of your immediate family or spouse/partner)</i>	\$150
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 Oct. 8 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. 1456 or ext. 1358 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: \_\_\_\_\_