



National Legislative Program Evaluation Society
2012 Professional Development Seminar
October 1-3, 2012
Georgian Terrace Hotel ~ Atlanta, Georgia

Name _____

Title _____

Organization _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Emergency Contact (name and phone number) _____

New Attendee

If you are attending the NLPES Professional Development Seminar for the first time, please check here.

Registration Fees: (Please check one)

<input type="checkbox"/>	\$350	Legislators, legislative staff
<input type="checkbox"/>	\$275	Georgia Host State staff (special authorization required)
<input type="checkbox"/>	\$100	Spouse/family member
<input type="checkbox"/>	\$350	All others

Special Needs: (Check any that apply)

<input type="checkbox"/>	Vegetarian meal
<input type="checkbox"/>	Food allergies (please specify)
<input type="checkbox"/>	Other

Registration Payment Method: (Please check one)

Pay on-site

Check enclosed (check # _____)

Bill state legislature (Voucher/P.O. # _____ Agency name _____)

Please charge my:

Visa American Express Card number: _____
 Master Card Discover Expiration date: _____ Amt: \$ _____

Signature: _____

Registration fees are payable in advance or on site. Please refer to the brochure for cancellation policy. **Please return this form by September 14, 2012.** Mail to: NCSL Registration/Accounting, 7700 East First Place, Denver, CO 80230 or fax to (303) 364-7811.