

National Legislative Services & Security Association PDS

Raleigh, NC - October 5-10, 2014



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

**Mail or Fax form by August 1
to save money!**

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

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 Early-bird (By Aug. 1) \$350 (After Aug. 1)
<input type="checkbox"/> One-Day Fee (Please choose which day you are attending) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$150
<input type="checkbox"/> Government <input type="checkbox"/> University	\$350
<input type="checkbox"/> Charitable Associations (must be a 501(C)3) <input type="checkbox"/> Trade Associations <input type="checkbox"/> All others	\$350
<input type="checkbox"/> Guest (defined as a member of your immediate family or spouse/partner) Guest Name: _____	\$150

Cancellation/Refund Policy: All cancellations must be made in writing and faxed to (303) 364-7811 or e-mailed to registration@ncsl.org. Those received by Oct. 3 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 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: _____