

# Leadership Staff (LSS) Professional Development Seminar

Madison, Wisconsin - October 10-12, 2012



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. 7.**

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 at onsite registration.*

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

Check if you are a first-time attendee

Registration Fee (check one)	Fee
<input type="checkbox"/> Legislator <input type="checkbox"/> Legislative staff	\$350 Early-bird (Through Sept. 7) \$375 (After Sept. 7)
<input type="checkbox"/> One-day fee (Please indicate the day you are attending) <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$150
<input type="checkbox"/> Government	\$450
<input type="checkbox"/> Charitable associations (Must be a 501(C)3) <input type="checkbox"/> Business, trade, union, university and all others	\$450
<input type="checkbox"/> Spouse/Guest (Guest must be a member of your immediate family) Guest name: _____	\$150
<input type="checkbox"/> Additional Training: Bootcamp: Social Media (Tuesday, Oct. 9)	\$125

**Cancellation/Refund Policy:** Cancellations must be made in writing and faxed to 303-364-7811 or e-mailed to [registration@ncsl.org](mailto:registration@ncsl.org). Cancellations received by October 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. 1358 or 1456, or visit [www.ncsl.org](http://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: \_\_\_\_\_