

NALIT Professional Development Seminar

Madison, Wisconsin - October 9-12, 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 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 <i>(Please indicate the day you are attending)</i> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$150
<input type="checkbox"/> Government	\$450
<input type="checkbox"/> Charitable associations <i>(Must be a 501(C)3)</i> <input type="checkbox"/> Business, trade, union, university and all others	\$450
<input type="checkbox"/> Spouse/Guest <i>(Guest must be a member of your immediate family)</i> Guest name: _____	\$150
<input type="checkbox"/> NALIT Pre-Seminar: Tuesday, Oct. 9	Free (with full seminar registration)

Cancellation/Refund Policy: Cancellations must be made in writing and faxed to 303-364-7811 or e-mailed to 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 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: _____