



# The Wonderful World of State Government

NASCA & NASFA National Conference & Resource Expo

June 13-17, 2009



## Registration Form

**Registration Payments:** NASCA/NASFA must receive registration pre-payments in the form of a check, credit card or purchase order (a copy of the original purchase order must accompany this form). We accept registrations by fax only if accompanied by a copy of a company purchase order or credit card number. NOTE: If you are faxing this form, do not mail original. Any form received without payment will not be processed.

**Cancellations:** All cancellations must be received in writing. Cancellations postmarked, faxed or e-mailed on or before 15 calendar days prior to the meeting will be refunded less a \$50 administrative fee. No registration will be refunded after May 29, 2009.

**I am a First Time Attendee:**  Yes  No

**Which association is your primary focus?** Please choose one.  NASCA  NASFA

**ATTENDEE REGISTRATION** (Required fields are indicated with an \*)

Attendee Full Name\* \_\_\_\_\_

Title\* \_\_\_\_\_ Division \_\_\_\_\_

Company/Dept.\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Phone\* \_\_\_\_\_

E-mail\* \_\_\_\_\_ Web Address \_\_\_\_\_

Attendee Payment Information

\$600.00 NASCA/NASFA Member (Government & Corporate Affiliate Member)  \$900 Non-Member

American Express  MasterCard  Visa --- Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Prepayment enclosed \$ \_\_\_\_\_  Purchase Order # \_\_\_\_\_  Check # \_\_\_\_\_

Registration Confirmation Request: If you would like a confirmation email to be sent to the submitter complete the fields below. The submitter is different than the attendee.

Submitter Name \_\_\_\_\_ Submitter E-mail \_\_\_\_\_ Submitter Phone # \_\_\_\_\_

**SPOUSE/GUEST/CHILDREN REGISTRATION :** Please register each spouse/guest & child separately on this form.

Attending Spouse Name *(only if participating in events)* \_\_\_\_\_

Attending Guest Name *(only if participating in events)* \_\_\_\_\_

Children, Youth Name *(only if participating in events)* \_\_\_\_\_ Ages \_\_\_\_\_

Children, Youth Name *(only if participating in events)* \_\_\_\_\_ Ages \_\_\_\_\_

\$400.00 Spouse/Guest  \$200.00 Child (5 to 15 years old)  \$0.00 Child (under 5 years old)

Spouse/Guest & Child Payment Information

American Express  MasterCard  Visa Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Prepayment enclosed \$ \_\_\_\_\_  Check # \_\_\_\_\_

**SPECIAL ASSISTANCE**

Dietary Preference:  Regular  Vegetarian  Diabetic Accessibility Assistance:  Yes Interpreter Services:  Hearing Impaired  Blind

Other needs: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** "NASCA/NASFA National Conference" (66-20-00-2009-44010)

NASCA FEIN # 61-1228745  
NASFA FEIN # 61-1227879

Fax this form to NASCA/NASFA at 859-244-8001 or mail to: NASCA/NASFA National Conference, CSG, P.O. Box 11910, Lexington, KY 40578-1910

For more information contact: Marcia Stone at 859-244-8181 or at [mstone@csq.org](mailto:mstone@csq.org) or [nasfa@nasfa.net](http://nasfa@nasfa.net)