

August 17–19, 2026 | Chicago, IL

## Attendee Registration - Service Provider Member

Early-Bird Registration Fee By July 20	Regular Registration Fee After July 20
● \$1,235/person	● \$1,435/person

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title (required): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

*\*Please provide your e-mail address for conference updates and registration confirmation.*

## Guest Registration - \$100 Per Guest

A guest refers to a spouse or personal friend, not a business associate, staff member or colleague. All guests must be registered to attend NCPERS events. The registration fee covers all breakfasts, refreshment breaks, and receptions.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Payment Methods

All payments must be in U.S. funds. Electronic payment is strongly encouraged.

- **ONLINE:** Login at [www.ncpers.org](http://www.ncpers.org) to pay with credit card or ACH. You'll need your username and password to login.
- **E-MAIL:** top half of registration to [registration@ncpers.org](mailto:registration@ncpers.org) to receive an invoice by email with a secure payment link. **Do not email your credit card information.**
- **FAX:** completed registration to 202.688.2387.
- **MAIL:** to NCPERS 1201 New York Avenue, NW Suite 850, Washington, DC 20005
- **ACH:** payment available via the website. If needed, please call 202.601.2445 or email [registration@ncpers.org](mailto:registration@ncpers.org) for details.

## Questions

Call 202.601.2445 or email [registration@ncpers.org](mailto:registration@ncpers.org)

## Registration Summary

Service Provider Registration

\$ \_\_\_\_\_

Guest Registration

\$ \_\_\_\_\_

**GRAND TOTAL (U.S. funds)**

\$ \_\_\_\_\_

## Credit Card

Please select credit card type: ●  ●  ● 

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CC Verification Code: \_\_\_\_\_ Name on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Amount to Charge: \$ \_\_\_\_\_

*By signing this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.*

Signature: \_\_\_\_\_

**Cancellation Policy:** All registration cancellations must be received in writing by July 20 to receive a refund and will be subject to a \$100 processing fee. No refunds will be given after August 6. Please email your cancellation request to [registration@ncpers.org](mailto:registration@ncpers.org).

**Health & Safety Policy:** NCPERS prioritizes the well-being of attendees and staff. We encourage respect for personal choices regarding masks and physical contact, adherence to any local or venue guidelines, and staying home if unwell. Thank you for helping us create a safe and welcoming environment.

**Complaint Resolution Policy:** NCPERS is dedicated to providing a positive, engaging, and valuable experience for all attendees of our educational programs. We welcome feedback and take all complaints seriously as part of our ongoing commitment to improving our programs and services.