

# CHIEF OFFICERS SUMMIT REGISTRATION



Please select the track you plan to attend. This conference is not open to guests or service providers. If you do not know your membership status, please email [membership@ncpers.org](mailto:membership@ncpers.org) or call 202-624-1456.

| NCPERS MEMBER REGISTRATION                       |              |
|--|--------------|
| <input type="checkbox"/> CIO Summit Registration | \$650/person |
| <input type="checkbox"/> CEO Summit Registration | \$650/person |

| NONMEMBER REGISTRATION                           |                |
|--|----------------|
| <input type="checkbox"/> CIO Summit Registration | \$1,000/person |
| <input type="checkbox"/> CEO Summit Registration | \$1,000/person |

(Please print clearly)

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

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

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

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

Preferred Mailing Address: \_\_\_\_\_

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

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

E-mail Address (required)\*: \_\_\_\_\_

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

## REGISTRATION/ORDER SUMMARY

|                                 |                 |
|---------------------------------|-----------------|
| CIO Summit Registration         | \$ _____        |
| CEO Summit Registration         | \$ _____        |
| <b>GRAND TOTAL (U.S. funds)</b> | <b>\$ _____</b> |

## PAYMENT METHODS

(All payments must be in U.S. funds)

### ONLINE at [www.ncpers.org](http://www.ncpers.org)

You will need your username and password to log in.

## CHECK

Mail to NCPERS  
444 North Capitol Street, NW  
Suite 630  
Washington, DC 20001

## CREDIT CARD

Fax to 202-624-1439 or e-mail to [registration@ncpers.org](mailto:registration@ncpers.org)

American Express   Visa   MasterCard 

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CC Verification Code: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

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

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

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

*By submitting 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 May 22 to receive a refund and will be subject to a \$100 processing fee. **No refunds will be given for cancellations received after May 22 or to no-shows.**

Please email your cancellation request to [registration@ncpers.org](mailto:registration@ncpers.org).

For updates or to register online, visit [www.ncpers.org/cos](http://www.ncpers.org/cos). Questions? Call 202-624-1456 or e-mail [registration@ncpers.org](mailto:registration@ncpers.org).