

2024 PUBLIC PENSION HR SUMMIT REGISTRATION

MEMBER Early-Bird Registration Rates
(By September 2nd)

Fund/Stakeholder Member Registration \$750

MEMBER Registration Fee
After September 2nd

Fund/Stakeholder Member Registration \$950

NONMEMBER Early-Bird Registration Rates
(By September 2nd)

Fund/Stakeholder Nonmember Registration \$1,250

NONMEMBER Registration Fee
After September 2nd

Fund/Stakeholder Nonmember Registration \$1,450

ATTENDEE INFORMATION

(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 program updates and registration confirmation.

GUEST REGISTRATION/INFORMATION — Flat Fee \$100

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. See general information page for more details.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

REGISTRATION/ORDER SUMMARY

HR Registration	\$ _____
Guest Registration	\$ _____
GRAND TOTAL (U.S. funds)	\$ _____

PAYMENT METHODS

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



ONLINE at www.ncpers.org/hr-summit-registration. You will need your username and password to log in.



E-MAIL completed registration to registration@ncpers.org.



FAX completed registration to 202-688-2387.



MAIL to NCPERS:
1201 New York Avenue, NW
Suite 850
Washington, DC 20005

ACH INSTRUCTIONS:

UPIC Account No: 82242567
Routing No: 021052053

WIRE INSTRUCTIONS:

Name of Bank: Truist
Bank ABA No.: 061000104
Bank Address: 1445 New York Avenue, NW,
Washington, DC
Account Number: 1000004901673
Receiving Bank Contact Phone: (202) 879-6266
Currency: USD

CREDIT CARD Fax to 202-688-2387 or e-mail to 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 before September 2 to receive a refund and will be subject to a processing fee of \$100. No refunds will be given to cancellations received after September 2 or to no-shows. Please e-mail your cancellation request to registration@ncpers.org or call 202-601-2445.