

2019 LEGISLATIVE CONFERENCE REGISTRATION FORM

January 27 – 29 Washington, D.C.

	Early-Bird Registration Rate (Through January 9)	Late Registration Rate (After January 9)
Pension Fund/Stakeholder Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Service Provider	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
Spouse/Guest	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100

POLICY DAY REGISTRATION REQUIRED (FEE \$50)

Please RSVP for each activity you plan to attend. Please RSVP as accurately as possible, as advance planning is required for Policy Day activities. **These events are not open to spouse/guests.**

- Policy Day Breakfast on Capitol Hill Policy Day Lunch
 Policy Day Meetings with Congressional Staff Policy Day Closing Happy Hour

ATTENDEE REGISTRATION

First Name: _____ Last 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

"Guest" refers to a spouse or personal friend, not a business associate or staff colleague.

All guests must be registered to attend the conference events. No admittance without a registration badge.

The registration fee covers breakfast, lunch, and the reception.

Guest Name: _____

Guest Name: _____

REGISTRATION SUMMARY

Legislative Conference Registration: \$ _____

Policy Day Registration; \$ _____

Guest Registration: \$ _____

GRAND TOTAL: \$ _____

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

ONLINE at www.NCPERS.org. You will need your user name and password to log in.

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

FAX your completed registration form to 202-624-1439.

CHECK made payable to NCPERS can be sent with your completed registration form to:

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

CREDIT CARD:

American Express  MasterCard  Visa 

Account Number: _____

Expiration Date: _____ CC Verification Code: _____

Name (on the card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Total Amount Charged: \$ _____

Cardholder Signature (REQUIRED): _____

CANCELLATION POLICY

All cancellations must be received in writing by **January 9** and will be subject to a \$50 administrative fee for pension fund/stakeholder and service provider registrations. **No refunds after January 9.** Please e-mail your cancellation request to registration@ncpers.org.