

NASSGAP 2009 SPRING CONFERENCE
April 5 – 8, 2009
 Washington Court Hotel
 525 New Jersey Avenue, NW, Washington, DC 20001
www.washingtoncourthotel.com
 Hotel Reservations: 800-321-3010 or 202-628-2100

Conference Registration Form

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check the line and circle the amount associated with the fee you are paying:

Registration type	Full Conference	Sunday &/or Monday only	Tuesday &/or Wednesday only
_____ NASSGAP member – registration postmarked by March 13	\$470	\$235	\$235
_____ NASSGAP member – registration postmarked after March 13	\$520	\$260	\$260
_____ Non-member – registration postmarked by March 13	\$1,470	\$735	\$735
_____ Non-member – registration postmarked after March 13	\$1,520	\$760	\$760

NASSGAP will refund the full conference registration fee upon a written request to the NASSGAP treasurer for such refund. The request must be received no later than seven days prior to the start of the conference or the date by which a meal count is required by the conference venue, whichever is earlier. Under extenuating circumstances, the established refund deadline may be waived based on a consensus of the Executive Committee that such circumstances warrant special consideration. When accepting a request for a refund after the established refund deadline, the Executive Committee may authorize a full or partial refund.

Is this your first NASSGAP Conference? Yes No

<u>ATTENDEE</u>	<u>GUEST(S)</u>		
Please indicate by ✓ the meals you will attend.	To purchase guest meal tickets, please indicate the # per meal and payment method.		
	<u>Meal Expense</u>	<u># per Meal</u>	<u>Cost</u>
_____ Sunday President's Reception	\$55.00	_____	\$ _____
_____ Monday Continental Breakfast	\$30.00	_____	\$ _____
_____ Monday Luncheon	\$55.00	_____	\$ _____
_____ Monday Group Dinner	\$45.00	_____	\$ _____
_____ Tuesday Continental Breakfast	\$30.00	_____	\$ _____
_____ Tuesday Luncheon	\$55.00	_____	\$ _____
_____ Tuesday Group Dinner (if provided)	\$45.00	_____	\$ _____
_____ Wednesday Breakfast	\$45.00	_____	\$ _____
	Total		\$ _____
	Guest Payment Enclosed		\$ _____
	Payment Method: _____		

Mail completed registration form and payment;
 Postmarked no later than **March 25, 2009** to:

Ritchie Morrow, NASSGAP Treasurer
Nebraska CCPE
P.O. Box 95005
Lincoln, NE 68509-5005

Method of Payment:

_____ **Check payable to NASSGAP**

NASSGAP Federal ID# 71-0569634

After March 27, 2009, please register at the conference.