

NASSGAP 2009 FALL CONFERENCE

October 4 – 7, 2009

Trade Winds Conference Center
6000 Gulf Blvd., St. Pete Beach, FL 33706

Hotel Reservations: 800-808-9833 or groupreservations@twresort.com

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 Sept. 15	\$490	\$245	\$245
_____ NASSGAP member – registration postmarked after Sept. 15	\$540	\$270	\$270
_____ Non-member – registration postmarked by Sept. 15	\$1,490	\$745	\$745
_____ Non-member – registration postmarked after Sept. 15	\$1,540	\$770	\$770

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.																											
	<table border="0"> <thead> <tr> <th align="left">Meal Expense</th> <th align="center"># per Meal</th> <th align="right">Cost</th> </tr> </thead> <tbody> <tr> <td>_____ Sunday President's Reception</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Monday Continental Breakfast</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Monday Luncheon</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Monday Group Dinner</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Tuesday Continental Breakfast</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Tuesday Luncheon</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td>_____ Wednesday Breakfast</td> <td align="center">_____</td> <td align="right">_____ \$</td> </tr> <tr> <td></td> <td align="right">Total</td> <td align="right">\$</td> </tr> </tbody> </table>	Meal Expense	# per Meal	Cost	_____ Sunday President's Reception	_____	_____ \$	_____ Monday Continental Breakfast	_____	_____ \$	_____ Monday Luncheon	_____	_____ \$	_____ Monday Group Dinner	_____	_____ \$	_____ Tuesday Continental Breakfast	_____	_____ \$	_____ Tuesday Luncheon	_____	_____ \$	_____ Wednesday Breakfast	_____	_____ \$		Total	\$
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	Total	\$																										
	Guest Payment Enclosed \$ _____ Payment Method: _____																											

Mail completed registration form and payment;
Postmarked no later than **September 21, 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 September 21, 2009, please fax your registration to 402-471-0032.