ATTENDEE CONFERENCE REGISTRATION FORM



43rd NCSM Annual Conference Indianapolis, Indiana



Advance Registration Discount Ends: March 18, 2011

Please use this form to register for the 2011 Annual Conference and to renew your membership. Complete this form and return with payment information. The information you provide will be used by the NCSM office for member communication, mailing lists and the NCSM membership directory.

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Please Print Legibly or Type			approved by NCSM to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from mailing lists.				
First Name: Middle:			Last Name:				
Title:			Employer:				
			Employer.				
This is my complete address: ☐ Hor	ne 🗆 '	Work					
Address: City: State: Zip: Country:			Telephone:				
			Fax:				
			*Email:				
OnlyOnlo2.p		<u> </u>	*(Registration confirm	nations will be sent	via email)		
MEMBERSHIP			20111		NOOMA	4 1 4 5 00	
☐ I am a current NCSM Member as of 4/30/11 To join NCSM, please complete the "NCSM Mem				11 and	I want to renew my NCSM Membership \$85.00		
include it with your registration.	Join Meill	bership Application and C	order Form on page	S	Subtotal Membe	ership: \$	
CONFEDENCE DECICEDATIO	N OPT	ONO					
CONFERENCE REGISTRATION OPTIONS Advance Re			gistration Late/On-Site Registration				
Full Conference Registration		Advance Registration On or before March 18, 2011		La	After March 18, 2011		
NCSM Member		\$210			\$250		
□ Non-Member		\$320			\$360		
One-Day Conference Registration		Member	Non-Member	Mem	nber	Non-Member	
☐ Monday Only		\$120	\$150	\$16	60	\$190	
☐ Tuesday Only		\$120	\$150	\$16	\$160 \$		
□ Wednesday Only		\$120	\$150	\$16	60	\$190	
				Sub	total Registra	ation: \$	
NCSM Tax ID: 39	9-155643	8			ble at mathedlea		
MEAL FUNCTION / EVENTS	T	44 1: 41			ived no later tha tion fees, less 2	nn March 18, 2011. 25%	
Please indicate which functions/events you will be attending.		following: • NCSM Membership du			s are NOT refur		
Monday Box Lunch			 Please send registrations to: NCSM Member and Conference Services 6000 E. Evans Avenue, #3-205; Denver, CO 80222 Ph: 303-758-9611; Fax: 303-758-9616; 				
Monday Reception							
Tuesday Breakfast			Email: office@ncsmonline.org				
Tuesday Luncheon			Total Amount Due: \$				
Tuesday Reception			METHOD OF PAYMENT				
Wednesday Breakfast			□Visa □MasterCard □Discover □Purchase Order #:				
Wednesday Luncheon							
Pre-Registration Deadline: March 18, 2011			☐ Check/Money Order (U.S. funds only)				
 Purchase orders will be accepted for registration only with a valid P.O. number included on this form. Payment is due in full by <u>March 25, 2011</u>. NOTE: An invoice will NOT be sent. PURCHASE ORDERS ARE NOT ACCEPTED FOR MEMBERSHIP DUES. 			Credit Card#Exp:/				
			Cardholder Name:				
			Signature:				
FUNCTIAGE ORDERS ARE NOT ACCE	FIED FUK	WEWDERSHIP DUES.					
		For Confer	rence Office Use				
Date Received://	Enter	red by:	Paid:	By:	Due:		