



2017 ANNUAL CONFERENCE

Arlington, VA – Hyatt Regency Crystal City – July 9-13, 2017

GROUP REGISTRATION FORM

GENERAL INFORMATION

Prefix: _____ First Name: _____ MI: _____ Last Name: _____

Badge Name (if different from above): _____

Organization / Company: _____ Title: _____

Street Address: _____ City: _____ State: _____ Postal Code: _____

Country: _____ E-mail: _____

Telephone: _____ ** If outside U.S., please include entire phone number (country code, etc.)

I am attending a NACM conference for the first time.

Please indicate any physical or dietary needs that require special attention. _____

Emergency Contact Name: _____ Phone: _____

Please supply emergency contact information that can be used **24 hours a day** - for example, do not supply a phone number only answered during business hours.

REGISTRATION SELECTION & FEES—GROUP (10 or More)

MEMBER (CURRENT NACM/IACA MEMBER): \$535 \$ _____

NON-MEMBER (NOT A CURRENT NACM/IACA MEMBER): \$660 \$ _____

Group Name: _____

Admission to the event held on the day selected above is included in the registration fee for participants. Pricing for individual social events is for guest fees only. Please indicate if your guest will accompany you on the day you selected to attend the conference. Guests must have a ticket to attend the social events.

	Your Guest		Your Guest
Welcome Reception (Sunday, July 9)	<input type="checkbox"/> (\$50)	Exhibitor Hall Lunch (Wednesday, July 12)	<input type="checkbox"/> (\$55)
Business Meeting Lunch (Monday, July 10)	<input type="checkbox"/> (\$55)	Business Meeting Breakfast (Thursday, July 13)	<input type="checkbox"/> (\$45)
Library of Congress Social Event (Tuesday, July 11)	<input type="checkbox"/> (\$75)	Fun Run/Walk (Tuesday, July 11)	<input checked="" type="checkbox"/>
		<i>separate registration for each race participant required</i>	
Name of Accompanying Guest _____		Subtotal for Guest \$ _____	

In order to guarantee a ticket for your guest at any/all social events you must register and pay the full registration fee for your guest prior to the conference.

REGISTRATION FEE MUST BE PAID IN FULL PRIOR TO CONFERENCE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. TOTAL FEES \$ _____

SUBSTITUTION (if applicable)

If you are replacing a confirmed participant, please note that substitutes must complete a registration form which should be submitted by mail or fax. Please indicate the name of the person you are replacing below.

Person being replaced: _____

PAYMENT METHOD

Enclosed is my check for \$ _____ payable to NCSC (Federal Tax ID #52-0914250)

Charge \$ _____ to American Express MasterCard VISA

Card Number: [Provide Number to Call for Credit Card Info](#) _____

Expiration Date: MONTH _____ YEAR _____

Signature (Required) _____

Please Complete and E-mail to:
conferences@ncsc.org

National Association for Court Management
CONFERENCE SERVICES
300 Newport Avenue
Williamsburg, VA 23185-4147
(888) 609-4023

CANCELLATION POLICY: CANCELLATIONS AND REFUND REQUESTS MUST BE MADE IN WRITING BY MONDAY, JUNE 26, 2017. CANCELLATION REQUESTS RECEIVED BY MONDAY, JUNE 26, 2017 WILL BE ISSUED A REFUND LESS A \$100.00 PROCESSING FEE. NO REFUNDS WILL BE GIVEN AFTER MONDAY, JUNE 26, 2017 OR FOR NO SHOWS.