

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: _____ I am attending a NACM conference for the first time.

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

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:

For information on group rates, call Conference Services at (888) 609-4023 or email conferences@ncsc.org.

MEMBER (CURRENT NACM MEMBER):

<input type="checkbox"/> Roll the Dice:	\$615 (Registering On or Before April 12, 2019)	\$ _____
<input type="checkbox"/> Jack Pot:	\$715 (Registering April 13 – May 31, 2019)	\$ _____
<input type="checkbox"/> Cash-In:	\$785 (Registering 6/1 – onward)	\$ _____
Early Career Professional (ECP)	(Under 40 or Less Than 10 Years of Experience in Court Administration)	
<input type="checkbox"/> Roll the Dice:	\$615 (Registering On or Before May 31, 2019)	\$ _____
<input type="checkbox"/> Jack Pot:	\$715 (Registering after May 31, 2019)	\$ _____

NON-MEMBER (NOT A CURRENT NACM MEMBER):

<input type="checkbox"/> Roll the Dice:	\$755 (Registering On or Before April 12, 2019)	\$ _____
<input type="checkbox"/> Jack Pot:	\$855 (Registering April 13 – May 31, 2019)	\$ _____
<input type="checkbox"/> Cash-In:	\$925 (Registering 6/1 – onward)	\$ _____

Admission to the events listed below are included in the registration fee for participants.

Guest fees are for individual social events only and do not include admission to educational sessions.

*****GUEST MUST HAVE TICKET FOR EACH EVENT TO ATTEND**

Welcome Reception (Sunday, July 21)	<input type="checkbox"/> (\$75)	Exhibitor Hall Lunch (Wednesday, July 24)	<input type="checkbox"/> (\$50)
Business Meeting Lunch (Monday, July 22)	<input type="checkbox"/> (\$60)	Business Meeting Breakfast (Thursday, July 25)	<input type="checkbox"/> (\$60)
Poolside Social Event (Tuesday, July 23)	<input type="checkbox"/> (\$75)		

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 NACM (Federal Tax ID #54-1327921)

Charge \$ _____ to American Express MasterCard VISA

Card Number: Provide Number to Call for Credit Card Info _____

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 FRIDAY, JUNE 21, 2019. CANCELLATION REQUESTS RECEIVED BY FRIDAY, JUNE 21, 2019 WILL BE ISSUED A REFUND LESS A \$100.00 PROCESSING FEE. NO REFUNDS OR TRANSFERS WILL BE GIVEN AFTER FRIDAY, JUNE 21, 2019 OR FOR NO SHOWS. PLEASE CONSULT CANCELLATION POLICY ON NACMCONFERENCE.ORG FOR FURTHER DETAILS.