

CONFERENCE REGISTRATION

NALEO
23rd Annual Conference
DALLAS
JUNE 22-24
2006

Participant's Information (one form per participant)

First Name	MI	Last Name	Title
Organization		Work Telephone	
Address <input type="checkbox"/> Please mail all correspondence to this address			
City	State	Zip	Fax
Home Telephone		Email	

Conference Registration Fees

Join or renew your membership now and take advantage of the Special Conference Registration Member Rate

	Before 6-09-06	On Site	Or Single Day Pass	Before 6-09-06	On Site
"All Events" Access					
<input type="checkbox"/> Registration/Non-Member	\$500	\$600	<input type="checkbox"/> Thursday (All Events)	\$250	Same
<input type="checkbox"/> Joining Member/Renewing Member	\$400	\$500	<input type="checkbox"/> Friday (All Events)	\$250	Same
<input type="checkbox"/> Spouse with accompanying member (attach a separate completed registration form)	\$300	\$400	<input type="checkbox"/> Saturday (All Events)	\$250	Same
<input type="checkbox"/> Elective Office Staff	\$200	\$300	Or Individual Events		
<input type="checkbox"/> Student*	\$100	\$200	<input type="checkbox"/> Thursday Luncheon	\$125	Same
			<input type="checkbox"/> Thursday Opening Reception	\$175	Same
			<input type="checkbox"/> Friday Luncheon	\$125	Same
			<input type="checkbox"/> Friday Off-site Event	\$175	Same
			<input type="checkbox"/> Saturday Luncheon	\$125	Same
			<input type="checkbox"/> Saturday Closing Gala	\$175	Same

*Must submit a copy of the current student ID

Total Fees Enclosed _____

If paying by credit card select one of the following: Visa MasterCard Discover AMEX

Card Number: _____ Name as it appears on the credit card: _____

Exp. Date: _____ Signature: _____

Elected/Appointed Officials Information

Title/Position	Jurisdiction/District Name	
Jurisdiction/District Address	<input type="checkbox"/> Please mail all correspondence to this address	
City	State	Zip
Jurisdiction/District Telephone	Jurisdiction/District Fax	Staff Contact
I am: <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Staff	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: _____
Party affiliation: <input type="checkbox"/> Democrat	<input type="checkbox"/> Republican	<input type="checkbox"/> Other _____

Make checks payable to: NALEO Educational Fund

Mail completed form with payment to: NALEO Educational Fund, 23rd Annual Conference
1122 W. Washington Blvd., 3rd. Floor, Los Angeles, CA 90015 ♦ Tel. (213) 747-7606 ♦ Fax (213) 747-7664 ♦ www.naleo.org

Full payment must be received for valid registration

"All Events" Access fees include access to all Conference workshops, general sessions, all meal functions, and all special events for the duration of the three-day conference. Mail-in registrations must be postmarked on or before June 9, 2006, and must include full payment. Any registration received after this date will be processed on-site. Cancellations received prior to June 9th are subject to a \$75.00 processing fee. After June 9th there will be no cancellation refunds. Any cancellations must be in writing. All refunds will be issued after the conference. There will be a \$25.00 processing fee for all returned checks. NALEO Educational Fund, its staff, Board of Directors, volunteers and sponsors claim no liability for the actions of suppliers to this conference nor for the safety of any attendee while in transit to or from this conference or any events associated with it. The planners and sponsors reserve the right to cancel this function without penalty. The total amount of any liability of the planners and sponsors will be limited to a refund of this registration fee.