Please fill out form completely *(print or type)*

Name / Title

Local Entity, Organization, or other Affiliation

Mailing Address - *Include City/State/Zip*

Billing Address - *Include City/State/Zip*

Daytime Phone Fax

Email Address - *for registration confirmation*

Dietary Restrictions:_____

ADA needs, contact Jackie at 800-432-2036 ext. 518

Full Conference Registration: *(Includes sessions, functions & meals)*

☐ Registration by October 4th	$300
☐ Late Registration October 5th – 11th	$350
☐ On Site Registration after October 11th	$400

(*On Site Registrants must have PO# or payment)*

Track Options: *To ensure adequate space, indicate which Track you plan to attend. (Finance, Housing & Planning have been integrated into each of the Tracks listed below.)*

☐ Community & Economic Development ☐ Tribal
☐ Transportation ☐ Utilities

☐ **Mobile Workshop – Griggs-Walnut Superfund Project.** I will participate in the Mobile Workshop which will take place on Tuesday, October 17th from 2-5 pm. Transportation to and from site, on your own. Limit of 50 participants.

Registration Fee Payment Information:

☐ Check Enclosed
☐ Will Bring to Meeting *(Include member ID on check/stub.)*
☐ Purchase Order #_____
☐ Charge registration fee to: ☐Visa ☐MC ☐AMEX ☐Discover below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of $_____

Card #:_____ Exp. Date:_____

Billing Address:_____ CVV:_____
(If different from above.)

Name of Card Holder:_____
(If different from Registrant Name.)

Card Holder Signature:_____

Spouse/Guest Registration: *Registration **will not** be processed unless payment is enclosed.*

Spouse/Guest Name, *if attending*

Email Address - *for registration confirmation. Must be different from registrant email.*

Full Conference includes all meals and social functions

Full Conference by October 11th	@ $175/person	$_____
Full Conference after October 11th	@ $190/person	$_____

Price Per Function:

_____	Wednesday Luncheon	@ $40/person	$_____
_____	Wednesday Social	@ $50/person	$_____
_____	Thursday Luncheon	@ $40/person	$_____
_____	Thursday Dinner/Dance	@ $50/person	$_____
		TOTAL DUE	$_____

Dietary Restrictions: _____

ADA needs, contact Jackie @ 800-432-2036

Spouse/Guest Registration Fee Payment Information:

☐ Check Enclosed
☐ Will Bring to Meeting *(Include member ID on check/stub.)*
☐ Purchase Order #_____
☐ Charge registration fee to: ☐Visa ☐MC ☐AMEX ☐Discover below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of $_____

Card #:_____ Exp. Date:_____

Billing Address:_____ CVV:_____
(If different from above.)

Name of Card Holder:_____
(If different from Registrant Name.)

Card Holder Signature:_____

REGISTRATION/CANCELLATION POLICY

- After October 11th you must register on-site.
- Cancellations ***must*** be received in writing by October 11th.
- $50 fee charged for all cancellations, including weather related no-shows.
- No refunds after October 11th.
- Pre-registered no shows responsible for full registration fee.
- Credit Card transaction(s) processed immediately.
- Receipts available upon registration check-in.
- Registration confirmations will be emailed.
- This policy also applies to Spouse/Guest Registrants.
- By submission of your registration form, you agree to all registration/cancellation policies.