

REGISTRATION FORM

71st NASDSE Annual Conference & Business Meeting • October 18 – 21, 2008 • Kiawah Island, South Carolina

1. Tell Us About Yourself

Full Name _____

First Name (to appear on badge) _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

E-mail _____

2. Special Needs

Check here and a staff member will call to discuss appropriate arrangements.

3. Conference Registration

Check as applicable: \$475 (through 10/3/08) \$535 (after 10/3/08)

Registration fee includes all conference materials and all conference events. It does not include transportation.

I plan to attend the conference on the following days: *(Please check the appropriate boxes.)*

Saturday 10/18 Sunday 10/19 Monday 10/20 Tuesday 10/21

If you do not plan on staying at the Kiawah Island Resort, please let us know the name of your hotel _____

Mail form and payment to

NASDSE ANNUAL CONFERENCE • c/o Linder & Associates, Inc. • 2164 Wisconsin Avenue, NW Washington, DC 20007

Forms with purchase orders or credit card information may be faxed to (202) 298-6974.

Or register online at www.nasdse.org with your credit card (Visa or Master Card only)

Questions? Call (202) 298-6370 or e-mail nasdse@linderassociates.com

4. Will You Join Us?

Please fill out the form below: check appropriate box(es) for attendee and guest(s), complete guest names as appropriate and check appropriate box(es) for guest ticket costs

	ATTENDEE		GUEST		
	Attendance	Activity Cost	Attendance	Guest Name(s)	Activity Cost/ Ticket Price
SATURDAY 10/18					
Sponsor Showcase Sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	N/A		
Reception to honor new State Directors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes <input type="checkbox"/> No		Included in attendee registration fee
MONDAY 10/20					
Kiawah Creatures Walking Tour	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10*	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$10*
Downtown Charleston	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$30 round trip bus*	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$30 round trip bus*
State Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$80 (thru 10/3/08) <input type="checkbox"/> \$100 (after 10/3/08)
TUESDAY 10/21					
President's Reception	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> \$50 (thru 10/3/08) <input type="checkbox"/> \$75 (after 10/3/08)

*See nasdse.org/downloads for terms and conditions.

5. Payment Options

<i>Please enter as appropriate</i>	Total Fees Payable
Attendee Registration	
Attendee Activities	
Guest Activities	
Guest Tickets	
TOTAL	

Check payable to NASDSE enclosed.

Purchase order to NASDSE enclosed (NASDSE FEIN 71-0435097)

A \$100 processing fee will be imposed for cancellations made after 10/3/08.

Cancellations after October 10th will also be subject to meal charges. Cancellation notices must be e-mailed or faxed directly to Toni Short by email nasdse@linderassociates.com or fax (202) 298-6974.

Charge my VISA Master Card

Credit Card Holder _____

Credit Card # _____ Expiration Date _____

Billing Address _____ Zip _____

(if different from address in section 1)

Signature _____

Credit card holder contact number _____

(if different from attendee)