

**2012 Eastern Region Seminar Registration**  
May 20 - 23 / South Portland, Maine / Wyndham Portland

Full registration for the NASTD Eastern Region Seminar includes all program sessions and food functions indicated in the Program and evening social events.

Full payment must be received with your registration form. Make checks payable to NASTD or charge your registration to American Express, VISA or Master Card. Registrations without complete payment will not be processed. A purchase order may be used by STATE MEMBERS ONLY. A copy of the original purchase order MUST be faxed to 859-244-8001 before the registration can be processed.

Written request for registration refunds must be postmarked, faxed or e-mailed on or before April 30, 2012, 11:59 PM ET.

**No refunds are made after April 30, 2012.** Refunds are not granted for no-shows.

Registrants who are unable to attend the meeting may transfer their registration to another person. Transfer of registration must be received by NASTD Headquarters by April 30, 2012 or presented on-site.

**Registrations will be accepted at NASTD Headquarters until April 30, 2012, 11:59 PM ET.**

Mail or Fax to: NASTD  
2760 Research Park Dr. • P.O. Box 11910 • Lexington, KY 40578-1910  
FAX: 859.244.8001 • On-line registration: [www.nastd.org](http://www.nastd.org)  
Additional assistance: [pjohnson@csg.org](mailto:pjohnson@csg.org)

Use one form per registrant. For additional attendees, photocopy the form as needed.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Division/Company \_\_\_\_\_  
Dept./Agency/Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Address (line 2) \_\_\_\_\_  
City/ State/ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Companion's Name \_\_\_\_\_

*This category offers access to scheduled meals, companion tours (if offered) and evening events only. The fee does NOT include attendance at meeting sessions*

**Payment Information**

- \$250 - State Member
- \$500 - Corporate Member
- \$625 - Non-Member
- Complimentary Sponsor
- Check enclosed payable to NASTD

Please charge the following credit card:

- American Express  MasterCard  Visa

\*\*Security ID: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

- \$125 - Companion

Access to scheduled meals, companion tours (if offered) and evening events only

- Check enclosed payable to NASTD

Please charge the following credit card:

- American Express  MasterCard  Visa

\*\*Security ID: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*American Express - 4 digit number on front of card; MasterCard, Visa - 3 digit number on back of card