

2012 Western Region Seminar Registration
June 3 - 6 / Bismarck, North Dakota / Radisson Hotel Bismarck

Full registration for the NASTD Western 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 May 10, 2012, 11:59 PM ET.

No refunds are made after May 10, 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 May 10, 2012 or presented on-site.

Registrations will be accepted at NASTD Headquarters until May 10, 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
Additional assistance: 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