

2019 NAST TREASURY MANAGEMENT TRAINING SYMPOSIUM

Register online at www.nast.org, mail or overnight registration and payment to NAST, 449 Lewis Hargett Circle, Suite 290, Lexington, KY 40503, or fax form to: (859) 278-0507. Questions or concerns may be directed to Kathleen Young at (859) 276-1193 or kyoung@nasact.org
NOTE: A \$100 processing fee will be charged on all cancellations made through April 26, 2019. No refunds will be granted for cancellations made after April 26, 2019. One substitute is permitted per cancellation.

<input type="checkbox"/> Register – Conference (May 21-24)	Early Bird <i>Feb 14 – Apr 15</i>	Regular <i>Apr 15 – May 10</i>	By Phone & Onsite (online registration closed) <i>May 10 - 24</i>
<input type="checkbox"/> State Treasurer, Treasury Staff & Network Member	\$630	\$780	\$880
<input type="checkbox"/> Other Government Officials	\$893	\$1,043	\$1,143
<input type="checkbox"/> Non-Profit Representatives	\$893	\$1,043	\$1,143
<input type="checkbox"/> Corporate Affiliates (<i>Membership dues must be current</i>)	\$1,420	\$1,570	\$1,670
<input type="checkbox"/> Private Sector (non-members)	\$2,840	\$2,990	\$3,090

Name: _____ **First-time attendee?**
 Title: _____
 Agency/Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____
 Please describe any special dietary or other accommodations needed: _____

Register – Guest

- Public Sector Guests (family/non-business): \$ 315
- Private Sector Guests (family/non-business): \$ 420

Guest Name (non-business): _____

Your Arrival Date: _____ **Your Departure Date:** _____

Please indicate attendance:	You	Guest (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/> Welcome Reception, May 21
	<input type="checkbox"/>	<input type="checkbox"/> Breakfast, May 22
	<input type="checkbox"/>	<input type="checkbox"/> Lunch, May 22
	<input type="checkbox"/>	<input type="checkbox"/> Taste of Rhode Island Dinner, May 22
	<input type="checkbox"/>	<input type="checkbox"/> Breakfast, May 23
	<input type="checkbox"/>	<input type="checkbox"/> Lunch, May 23
	<input type="checkbox"/>	<input type="checkbox"/> Dinner at Skyline, May 23
	<input type="checkbox"/>	<input type="checkbox"/> Breakfast, May 24

Payment in full must be received with registration.

- Enclosed is a check payable to NAST
 - Charge to: American Express MasterCard Visa
- Card Number: _____ Expiration Date: _____
 CVV Code: _____ Zip Code: _____
 Print Name: _____
 Signature: _____