

# 2019 NAST ANNUAL CONFERENCE

Register online at [www.nast.org](http://www.nast.org), mail 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 [registration@statetreasurers.org](mailto:registration@statetreasurers.org).

**NOTE:** A \$100 processing fee will be charged on all cancellations made through September 23, 2019. No refunds will be granted for cancellations made after September 23, 2019. One substitute is permitted per cancellation.

	<b>Loyal Attendee</b> <i>Jul 15 – Jul 31</i>	<b>Early Bird</b> <i>Aug 1 – Sept 4</i>	<b>Regular</b> <i>Sept 5 – Sept 23</i>	<b>By Phone &amp; Onsite (online reg closed)</b> <i>Sept 24 – Oct 9</i>
<input type="checkbox"/> <b>Register – Conference (Oct 6-9)</b>				
<input type="checkbox"/> State Treasurer, Treasury Staff & Network Member	\$610	\$660	\$810	\$910
<input type="checkbox"/> Other Government Officials & Non-Profit Reps	\$890	\$940	\$1,090	\$1,190
<input type="checkbox"/> Corporate Affiliates ( <i>Membership dues must be current</i> )	\$1,715	\$1,765	\$1,915	\$2,015
<input type="checkbox"/> Private Sector (non-members)	\$3,480	\$3,530	\$3,680	\$3,780

Name: \_\_\_\_\_  **First-time attendee?**

Title: \_\_\_\_\_

Agency/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe any special dietary or other accommodations needed: \_\_\_\_\_

**Register – Guest**

Public Sector Guests (family/non-business): \$ 330

Private Sector Guests (family/non-business): \$ 440

Guest Name: \_\_\_\_\_

**Your Arrival Date:** \_\_\_\_\_ **Your Departure Date:** \_\_\_\_\_

<b>Please indicate attendance:</b>	<b>You</b>	<b>Guest</b> (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/> Welcome Reception, Oct 6
	<input type="checkbox"/>	<input type="checkbox"/> Networking Breakfast, Oct 7
	<input type="checkbox"/>	N/A <input type="checkbox"/> Conference Lunch, Oct 7
	<input type="checkbox"/>	<input type="checkbox"/> Buffet Dinner at the Naples Sailing & Yacht Club, Oct 7
	<input type="checkbox"/>	<input type="checkbox"/> Networking Breakfast, Oct 8
	<input type="checkbox"/>	N/A <input type="checkbox"/> Conference Lunch, Oct 8
	<input type="checkbox"/>	<input type="checkbox"/> Resort Party at Mangrove Pool, Oct 8
	<input type="checkbox"/>	<input type="checkbox"/> Networking Breakfast, Oct 9
	N/A	<input type="checkbox"/> Guest Program: Naples Botanical Gardens: Oct 7
	N/A	<input type="checkbox"/> Guest Program: Naples Trolley Tour: Oct 8

**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: \_\_\_\_\_

Electronic payment may be made to: Fifth Third Bank, 38 Fountain Square Plaza, MD10908d, Cincinnati, OH 45263