

# 2020 NAST LEGISLATIVE CONFERENCE: REGISTRATION FORM

Register online at [www.nast.org](http://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 [registration@statetreasurers.org](mailto:registration@statetreasurers.org). **NOTE:** A \$100 processing fee will be charged on all cancellations made through January 20, 2020. No refunds will be granted for cancellations made after January 20, 2020. One substitute is permitted per cancellation.

<input type="checkbox"/> <b>Register – Conference (February 9-11)</b>	<b>Early Bird</b>	<b>Regular</b>	<b>By Phone &amp; Onsite (online registration closed)</b>
	<i>Nov 12 – Dec 20</i>	<i>Dec 21 – Jan 27</i>	<i>Jan 28 – Feb 11</i>
<input type="checkbox"/> State Treasurer, Treasury Staff & Network Member	\$660	\$810	\$910
<input type="checkbox"/> Other Government Officials	\$940	\$1,090	\$1,190
<input type="checkbox"/> Non-Profit Representatives	\$940	\$1,090	\$1,190
<input type="checkbox"/> Corporate Affiliates ( <i>Membership dues must be current</i> )	\$1,490	\$1,640	\$1,740
<input type="checkbox"/> Private Sector (non-members)	\$2,980	\$3,130	\$3,230

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

**Register – Guest**

- |   |   |
|---|---|
| <input type="checkbox"/> Attendance at full conference (all meals) \$ 450 | <input type="checkbox"/> Attendance at Monday dinner \$ 185       |
| <input type="checkbox"/> Attendance at Sunday reception \$ 100            | <input type="checkbox"/> Attendance at both evening events \$ 285 |

Guest Name (family/non-business): \_\_\_\_\_

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

<b>Which plenary sessions will you primarily be attending?</b>	<b>Please indicate attendance:</b>	<b>You</b>	<b>Your Guest</b> (if applicable)
<input type="checkbox"/> Legislative Conference Sessions	<input type="checkbox"/>	<input type="checkbox"/>	Opening Reception, Feb 9
<input type="checkbox"/> ABLE Roundtables/Workshops	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast, Feb 10
	<input type="checkbox"/>	<input type="checkbox"/>	Lunch, Feb 10
	<input type="checkbox"/>	<input type="checkbox"/>	Dinner at National Museum of Women in the Arts, Feb 10
	<input type="checkbox"/>	<input type="checkbox"/>	Breakfast, Feb 11
	<input type="checkbox"/>	<input type="checkbox"/>	Boxed Lunch, Feb 11

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

We have changed banks. If you need updated ACH payment information please contact Lori at [lsagle@nasact.org](mailto:lsagle@nasact.org).