

2024 NAST LEGISLATIVE CONFERENCE: MARCH 10-12

Register online at 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 kyoung@nasact.org. **NOTE:** A \$100 processing fee will be charged on all cancellations made through February 26, 2024. No refunds will be granted for cancellations made after February 26, 2024. One substitute is permitted per cancellation.

	Early Bird <i>Jan 4 – Feb 2</i>	Regular <i>Feb 3 – Feb 26</i>	By Phone & Onsite (online reg closed) <i>Feb 27 – Mar 12</i>
<input type="checkbox"/> Register – Conference (March 10-12)			
<input type="checkbox"/> State Treasurer, Treasury Staff & Network Member	\$710	\$860	\$960
<input type="checkbox"/> Other Government Officials & Non-Profit Reps	\$1,010	\$1,160	\$1,260
<input type="checkbox"/> Corporate Affiliates (<i>Membership dues must be current</i>)	\$1,600	\$1,750	\$1,850
<input type="checkbox"/> Private Sector (non-members)	\$3,200	\$3,350	\$3,450

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

Register – Guest

- Attendance at full conference (all meals): \$ 450 All evening events: \$250
 Sunday reception: \$ 100 Monday dinner: \$150

Guest Name (family/non-business): _____

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

Please indicate attendance:	You	Guest (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/> Welcome Reception, March 10
	<input type="checkbox"/>	<input type="checkbox"/> Networking Breakfast, March 11
	<input type="checkbox"/>	<input type="checkbox"/> Conference Lunch, March 11
	<input type="checkbox"/>	<input type="checkbox"/> Portrait Gallery Reception, March 11
	<input type="checkbox"/>	<input type="checkbox"/> Networking Brunch, March 12

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: _____

If you need updated ACH payment information please contact Lori at lsagle@nasact.org.