

NATIONAL ASSOCIATION FOR COURT MANAGEMENT CONFERENCE REGISTRATION FORM

Gaylord Texan Resort, Grapevine, Texas • July 11-15, 2004

(Please write the information **exactly** as you would like it to appear on the list of conference attendees.)

Prefix _____ First Name _____ MI _____ Last name _____

Badge name (if different from above) _____

Court/Company _____

Title _____ Department _____

E-mail _____

Address _____

City _____ State _____ Zip code _____ Country _____

Phone (_____) _____ Fax (_____) _____

Please indicate any physical or dietary need that requires special attention _____

- | | | | |
|-------------------|--------------------------|--|-----------------|
| Member: | <input type="checkbox"/> | \$400 - I am a current NACM member (registering on or before June 11) | \$ _____ |
| | <input type="checkbox"/> | \$475 - I am a current NACM member (registering after June 11) | \$ _____ |
| Nonmember: | <input type="checkbox"/> | \$475 - I am not a NACM member but would like to apply \$75 of my registration fee to become a new member (for new members only—not an option for renewals) | \$ _____ |
| | <input type="checkbox"/> | \$475 - I am not a NACM member and do not wish to join | \$ _____ |
| Guest: | <input type="checkbox"/> | Spouse/guest social fees (See fees schedule below) | \$ _____ |
| Total fees | | | \$ _____ |

Please indicate which social functions you plan to attend during the conference. Admission to all events **is included in the registration fee for participants**. Spouses and guests will be charged for social events on a per-event basis. Individual prices for guests are in parentheses.

I plan to attend:

	Attendee	Spouse/Guest
First-time Attendees Reception (Sunday, July 11)	<input type="checkbox"/> (\$0) (A-SUN1-FIRST)	
Reception/Buffer Dinner (Sunday, July 11)	<input type="checkbox"/> (\$0) (A-SUN2-DIN)	<input type="checkbox"/> (\$40)
Business Meeting and Awards Lunch (Monday, July 12)	<input type="checkbox"/> (\$0) (A-MON1-LUN)	<input type="checkbox"/> (\$35)
Texas-style Social (Monday, July 12)	<input type="checkbox"/> (\$0) (A-MON2-SOC)	<input type="checkbox"/> (\$42)
Exhibition Reception (Tuesday, July 13)	<input type="checkbox"/> (\$0) (A-TUE1-REC)	<input type="checkbox"/> (\$25)
Casino Night (Tuesday, July 13)	<input type="checkbox"/> (\$0) (A-TUE2-SOC)	<input type="checkbox"/> (\$25)
Exhibition Continental Breakfast (Wednesday, July 14)	<input type="checkbox"/> (\$0) (A-WED1-CBKF)	<input type="checkbox"/> (\$22)
Exhibition Box Lunch (Wednesday, July 14)	<input type="checkbox"/> (\$0) (A-WED2-LUN)	<input type="checkbox"/> (\$27)
Buffet Dinner/Dance (Thursday, July 15)	<input type="checkbox"/> (\$0) (A-THU1-DIN)	<input type="checkbox"/> (\$40)

Name of accompanying spouse/guest _____

Payment Method

Enclosed is my check for \$ _____ payable to NACM (Federal Tax ID #54-1327921)

Charge to: Visa Mastercard

Card Number: _____ Expiration Date: Mo. _____ Yr. _____

Signature (required for all charge orders) _____

Cancellation Policy: *All cancellations must be made in writing.* The cancellation fee is \$50. If the cancellation is received less than 2 weeks prior to the first day of the conference the cancellation fee is \$100. Individuals who do not cancel or attend the conference will be liable for the entire registration fee.

Please complete and return by **June 11, 2004**, to:
 NACM c/o National Center for State Courts
 300 Newport Avenue, Williamsburg VA 23185
 (800) 616-6165 • (757) 259-1841 • FAX (757) 259-1520
ON-LINE CONFERENCE REGISTRATION AVAILABLE AT www.nacmnet.org