



Conference Registration Form

General Information

Prefix First Name M.I. Last Name

Name on Badge *(If different from above)*

Organization / Company Title

Street Address Suite / Apt. No.

City State Zip / Postal Code Country

Phone Number *(If outside U.S., please include the entire phone number with country code, etc.)*

Email Address Twitter Handle

Physical / Dietary Needs
Please indicate any physical or dietary needs that require special attention.

Emergency Contact Information

Please supply emergency contact information that can be used **24 hours a day.**

Full Name Phone Number

Registration Selection & Fees

This registration fee entitles you to attend the keynote Speaker(s); all educational sessions; Admittance to the Exhibit Hall and Showcase Theaters; receive all conference materials; and all provided meals.	Early Bird Rate (February 1 – May 15, 2019)	\$800 each	\$
	Regular Rate (May 16 – August 31, 2019)	\$900 each	\$
	Association Rate (January 1 – August 31, 2019)	\$725 each	\$
	On-Site Rate (Starts September 1)	\$1,000 each	\$
	Private Sector (Through September 19, 2019) *	\$1,100 each	\$

No daily rates are offered. **Individuals who are not employed by a court or another governmental entity are considered private sector attendees.*

Substitution — *If applicable.*

If you are replacing a confirmed participant, please note that substitutes must complete a registration form which should be submitted by mail. Please indicate the name of the person you are replacing. There are no fees associated with substitute registrations.

Name of Person Being Replaced

Payment Method — *Registration fees are non-refundable. No purchase orders will be accepted.*

Enclosed is my check for \$ _____ payable to NCSC (Federal Tax ID #52-0914250) **Please complete and return to:**

OR: Charge \$ _____ to American Express MasterCard VISA The National Center for State Courts
CONFERENCE SERVICES
300 Newport Ave.
Williamsburg, VA 23185-4147

Please provide a phone number where we can reach you to finalize your credit card information.

Phone Number: _____ Card Expiration Date: Month _____ Year _____

Toll Free: (888) 609-4023
P: (757) 259-7525
E: conferences@ncsc.org

Signature (Required) _____

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