



National Staff Development and Training Association

an affiliate of the American Public Human Services Association

2010 ANNUAL CONFERENCE

August 29 – September 1, 2010 • Hyatt Regency Cambridge Hotel, MA

Last Name: _____ First Name: _____

Name on Badge: _____ Title: _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

Emergency Contact _____ Relationship _____ Tel: _____

If you require special food and/or rooming accommodations, please notify us immediately

Pre-registration deadline is August 16, 2010. After this date, please register on-site.

Please check the appropriate boxes:

Registration Categories	Fee		
<input type="checkbox"/> State/Local/Federal Agency	\$450	<input type="checkbox"/> Art of Training (Sun. 8/29)	\$100
<input type="checkbox"/> Nonprofit Organization	\$450	<input type="checkbox"/> Lights Camera Training (Sun. 8/29)	\$50
<input type="checkbox"/> Presenter	\$425	<input type="checkbox"/> President's Reception (Sun. 8/29)	No Fee
<input type="checkbox"/> Vendor/Exhibitor	\$550	<input type="checkbox"/> Awards Luncheon (Tues 8/31)	No Fee
<input type="checkbox"/> One Day <input type="checkbox"/> Monday OR <input type="checkbox"/> Tuesday	\$175	<input type="checkbox"/> Guest (for hotel meal functions only)	\$60
		Name _____	

Total Payment: _____

**A vendor is defined as anyone who is neither a federal, state, city or county government employee nor an employee of a 501(c)(3) organization.*

ALL REGISTRATIONS REQUIRE PREPAYMENT BY ONE OF THE FOLLOWING METHODS (PLEASE CHECK ONE):

Purchase Order No: _____ AMEX MC VISA Check

A purchase order is required if payment is not received with registration form.

Credit Card Number _____ Exp. Date _____ Today's Date _____

Signature _____ Name on Credit Card _____

Checks should be made payable to APHSA. Please reference attendee and conference name on all payments.

- **HOTEL:** Hyatt Regency Cambridge Hotel, 575 Memorial Drive Cambridge, MA 02139-4896 — \$232.00 for a single or a double room. Call (402) 592-6464 by **August 6, 2010** to receive this rate.
- **CONFIRMATIONS/RECEIPTS:** Confirmations will be e-mailed to each attendee. Receipts will be placed inside name badge at check-in.
- **NOTE:** Please attach all payments to registration form; one form per registrant. **To be invoiced by APHSA, you must have a purchase order and the purchase order must be received by the start of the conference.** Please return invoice when sending payment. Check in at registration desk to receive name badge and conference materials.
- **CANCELLATION POLICY:** All cancellation requests must be received in writing by **August 4, 2010**. No refunds will be available after this date. We will not accept cancellation requests by phone. **A \$100 cancellation fee will be assessed for both pre-paid registrations and for those invoiced on a purchase order.*** All refunds will be available after the conference. Registration fees for "no shows" will not be refunded.

Send completed form to: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, rwestmoreland@aphsa.org
APHSA, 1133 19th Street, NW, Suite 400, Washington, DC 20036—Tel: (202) 682-0100; Fax: (202) 408-5947; <http://www.aphsa.org>

For APHSA Use Only: Date _____ ID# _____ APHSA Inv. # _____ Check Amount _____

Batch _____ Voucher/PO#: _____ Processor Initials: _____