



2010 NASS Summer Conference Registration Form

Westin Providence - Providence, Rhode Island
July 17-20, 2010

Registration Information (Please Print): One Form per Registrant

Last Name: _____ First Name _____ M.I. _____

Office/Corporation/Organization: _____

Title: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Choose **ONE** Registration Type

<u>Registration Type</u>	<u>Early Fee</u> By 6/16/10	<u>Regular Fee</u> After 6/16/10	<u>Select One</u>
NASS Member Secretary	\$ 400	\$ 500	_____
Staff/Government/Non-Profit	\$ 400	\$ 500	_____
Emeritus Member	\$ 400	\$ 500	_____
ACR Member	\$ 400	\$ 500	_____
NPA Member	\$ 400	\$ 500	_____
NASS Corporate Affiliate	\$ 400	\$ 500	_____
Corporate Non-Member	\$ 900	\$ 1000	_____
Children under 18	\$ 150	\$ 150	_____
Guest/Spouse*	\$ 300	\$ 400	_____
*The guest fee is only for registrants accompanied by a full-paid attendee. Guests are defined as a family member or friend			
Academic**	\$ 400	\$ 500	_____
**This is for students only. You may be asked to provide a current, valid student ID.			
MOVE One Day Pass (July 20, 2010)***	\$ 125	\$ 150	_____
***This one day pass is good for July 20, 2010 ONLY it includes sessions on that day, breakfast & lunch			

Register Online at
www.nass.org

Payment must be received by the early registration deadline (June 16, 2010) or the regular rate will apply. Cancellations received by 5 PM EST July 9, 2010 will be refunded, less a \$50 processing fee (processing fee only applies to payments made with a credit card). Refunds will not be made to a credit card, a refund check will be mailed once the conference has concluded. Cancellations received after July 9, 2010 & No-Shows will NOT receive refunds.

Please mail a copy of this registration form, with a check payable to the National Association of Secretaries of State (NASS Federal ID # 61-1332655):

NASS c/o Stacy Fisher
444 N. Capitol Street, NW, Suite 401
Washington, DC 20001
(202) 624-3525
sfisher@sso.org



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Hotel Reservations

Hotel reservations must be made directly with the Westin Providence at (800) 937-8461, please mention National Association of Secretaries of State. **Bookings must be made by June 16**, to guarantee the NASS conference rate.

Room Rate: \$179.00 single/ double
\$25 each additional person over 18

Hotel Address: Westin Providence
One West Exchange St.
Providence, RI 02903

Reservations are subject to availability. Rate increases may apply if reservation is received after June 16. Reservations not canceled within 24 hrs. prior to arrival or no-shows, will be billed the 1st night's room rate.

For NASS Member Secretaries ONLY

When you arrive at the conference how would you like to receive your conference materials?

- ☐ USB Drive
☐ Secretary of State Binder

Family & Evening Activities

Would you like to participate in the golf outing at Metacomet Country Club on Sat., July 17(space is limited)?

Yes No

Would you like to participate in the family activity Providence art & architecture walking tour on Sat., July 17 from 11:30 AM to 2 PM (no additional charge)?

Yes No

Would you like to participate in the family activity tour of Little Italy on Sun., July 18 from 11 AM to 2:30 PM (no additional charge)?

Yes No

Would you like to participate in the evening event to Ft. Adams State Park in Newport, RI featuring a clam-bake and fireworks on Sun., July 18 from 5 PM to 11 PM (no additional charge)?

Yes No

Would you like to participate in the family activity to the Roger Williams Park Zoo on Mon., July 19 from 11:30 AM to 4 PM (no additional charge)?

Yes No

Would you like to participate in the evening event to McCoy Stadium featuring a BBQ and Pawtucket Red Sox baseball game on Mon., July 19 from 4:45 PM to 10:30 PM (no additional charge)?

Yes No

Would you like to participate in the family activity to Newport, RI on Tues., July 20 from 9 AM to 4 PM (no additional charge)?

Yes No

Would you like to participate in the evening event at the Rhode Island State House featuring a reception and dinner on Tues., July 20 from 6 PM to 10 PM (no additional charge)?

Yes No

Special Accommodations:

Do you have any food allergies or special meal requests?

Yes No

If yes, please list: _____

Travel Information:

Please provide your flight information if applicable

Arriving — Date: _____ Time: _____ Airline: _____ Flight #: _____
Departing— Date: _____ Time: _____ Airline: _____ Flight #: _____