



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

2009 ANNUAL CONFERENCE REGISTRATION FORM

November 9 - 11, 2009 • Crystal Gateway Marriott, VA

Hotel Reservation Deadline: October 16, 2009

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 October 20, 2009. After this date, please register on-site.

Table with 4 columns: Registration Category, Before 10/20/09, After 10/20/09 and Onsite, and Please indicate which meal functions you plan to attend::

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: Crystal City Gateway, 1700 Jefferson Davis Hwy., Arlington, VA 22202 — \$207.00. Call hotel's reservation line at (800) 228-9290 by October 16, 2009 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.
CANCELLATION POLICY: All cancellation requests must be received in writing by October 20, 2009. No refunds will be available after this date.

Send completed form to: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, rwestmoreland@aphsa.org

*DENOTES CHANGE IN APHSA REGISTRATION POLICY. PLEASE SEE GENERAL INFORMATION FOR MORE DETAILS.

For APHSA Use Only: Date _____ ID# _____ APHSA Inv. # _____ Check Amount _____
Batch _____ Voucher/PO#: _____ Processor Initials: _____