



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

# 2009 ANNUAL CONFERENCE ALUMNI 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.**

NASMD Alumni (Current on dues) \$250

**Please indicate which meal functions you plan to attend:**

- Monday, 11/09/09, State-Only Day Luncheon
- Monday, 11/09/09 All-Attendee Evening Reception
- Tuesday, 11/10/09 All-Attendee Luncheon
- Wednesday, 11/11/09 All-Attendee Luncheon

**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.\*** 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 **October 20, 2009**. 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 processed after the conference. Registration fees for "no shows" will not be refunded.

Send completed form to: Jackie Richardson, x284, [jrichardson@aphsa.org](mailto:jrichardson@aphsa.org), APHSA, 1133 19th Street, NW, Suite 400, Washington, DC 20036—Tel: (202) 682-0100; Fax: (202) 682-3706.

**\*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: \_\_\_\_\_