

NASMD

National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

2009 NASMD Spring Conference

June 3-4, 2009

APHSA Offices • 1133 19th Street, NW • Washington, DC

**Note: ALL STATE MEDICAID STAFF ATTENDING THE 2009 NASMD SPRING CONFERENCE
MUST BE AUTHORIZED BY THE STATE MEDICAID DIRECTOR**

Hotel Reservation Deadline: May 8, 2009

Last Name: _____ First Name: _____

Name on Badge: _____ Title: _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

Emergency Contact _____ Relationship _____ Phone _____

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

Pre-registration deadline: Date May 22, 2009, 2:00 PM

Please check the appropriate box:

Registration Category	Before 5/22/09	After 5/22/09 and Onsite
<input type="checkbox"/> State/Federal Agency	CLOSED Before 5/29/09	CLOSED
<input type="checkbox"/> Online	\$100	
Total Payment	_____	_____

All registrations require prepayment by one of the following methods (please check one):

Purchase Order No _____ Amex MasterCard 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.

- **GUEST ROOM ACCOMMODATIONS:** A small block of rooms is available at The Fairmont Washington Hotel, 2401 M Street, NW Washington, DC 20036—\$209.00 for either a single or double room. Call (888) 837-5623 or (800) 441-1414 by **May 8, 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.*** All others must pay registration fee by start of conference. Please return invoice when sending payment. Check in at registration desk to receive name badge and conference materials. In order to receive a refund, your cancellation request must be received in writing by **May 22, 2009**; we will not accept cancellation requests over the phone. All refunds will be processed after the conference **less a \$100 cancellation fee.*** Registration fees for "no shows" will not be refunded.

Fax or Mail to: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, westmoreland@aphsa.org, APHSA, 1133 Nineteenth Street, NW, Suite 400, Washington, DC 20036—Tel: (202) 682-0100; Fax: (202) 408-5947; <http://www.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: _____