



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

Multi-State Collaborative for Medicaid Transformation
"21st Century Medicaid: Transforming through Health Information Technology"
January 4 - 7, 2009 • The Buttes Tempe Resort, A Marriott Resort, Tempe, AZ

HOTEL RESERVATIONS DUE: December 5, 2008 CONFERENCE REGISTRATIONS DUE: December 19, 2008

Last Name: _____ First Name: _____ Name on Badge: _____

Title: _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

E-mail: _____

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

Check the appropriate box for registration type and fee:

- State Agency—\$350/\$375 On Site
Local Agency—\$350/\$375
Federal Agency—\$325/\$350
Nonprofit Organization—\$375/\$425
Vendor*—\$800/\$850
Exhibit Staff - \$300/\$350 (Must have exhibit space already contracted)

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.

Two or more individuals may not share a registration. Please check-in at registration desk to receive a name badge and conference materials.

- HOTEL: The Buttes Tempe Resort, 2000 Westcourt Way, Tempe, AZ 85282—\$160.00 (single), 180.00 (double) or prevailing government per diem. Call (888) 867-7492 by December 5, 2008, to receive conference rate.
PAYMENTS/BILLING: Please attach all payments to registration form; one form per registrant. Registration forms from state/local agencies without payment attached must have a purchase order number to be processed. All others must pay registration fee by start of conference. Please return invoice when sending payment.
CONFIRMATIONS/RECEIPTS: Confirmations will be e-mailed to each attendee. Receipts will be placed inside name badge at check in. Check in at registration desk to receive name badge and conference materials.
CANCELLATIONS/REFUNDS: APHSA must receive a written cancellation notice at least 25 days prior to the event to issue a refund, less a \$100 cancellation fee. All refunds will be processed after the conference. Registration fees for "no shows" will not be refunded.

Mail or Fax to: Bobbie Westmoreland, x255 Conference Assistant, APHSA, 810 First Street, NE, Suite 500, Washington, DC 20002—Tel: (202) 682-0100; Fax: (202) 408-5947; http://www.aphsa.org

Method of Payment (please check one): VISA MasterCard American Express Check (personal/agency) State/Local Agency Purchase Order No.

Credit Card Number _____ Exp. Date _____ Total to be billed \$ _____

Signature _____ Name on Credit Card _____

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

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