



National Association for Program Information and Performance Measurement

an affiliate of the American Public Human Services Association

2010 ANNUAL CONFERENCE REGISTRATION FORM

August 29 – September 1, 2010 • Hyatt Regency Cambridge Hotel, Cambridge, Massachusetts

Hotel Reservation Deadline: Friday, August 6, 2010

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 August 16, 2010. After this date, please register on-site.

Please check the appropriate box:

Please check if you plan to attend:

- Registration Category
State/Local/Federal Agency/NPO \$450
MA State Staff \$335
Vendor/Exhibitor \$550

- Registration Category
President's Reception - Sun. 8/29 Included
Social Event - Tues. 8/31 Cheers at Faneuil Hall Included
Guest for Cheers at Faneuil Hall Event - Tues. 8/31 \$60

Total Payment: _____ Guest Name _____

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: Hyatt Regency Cambridge Hotel, 575 Memorial Drive Cambridge, MA 02139-4896 — \$232.00 for a single or a double room. Call (402) 592-6464 by August 6, 2010 and ask for the 'NAPIPM' room block 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 August 4, 2010. 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 available after the conference. Registration fees for "no shows" will not be refunded.

Send completed form to: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, rwestmoreland@aphsa.org
APHSA, 1133 19th 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: _____