



National Association of State TANF Administrators

an affiliate of the American Public Human Services Association

2010 ANNUAL CONFERENCE REGISTRATION FORM

September 12 – 14, 2010 • Doubletree Guest Suites Hotel, Charleston, SC

Hotel Reservation Deadline: August 11, 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 23, 2010. After this date, please register on-site.

Please check the appropriate box:

Table with 2 columns: Registration Category, Fee. Rows include State/Local/Federal (\$450), Nonprofit Organization (\$450), Host State/Local Agency (\$350), Vendor (\$550).

Total Payment: _____

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: Doubletree Guest Suites, 181 Church Street, Charleston, SC 29401- \$142 single/double. Call (877) 408-8733 by August 11, 2010 and reference AAPWA/NASTA 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 August 18, 2010. 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: _____