

NASMD

National Association of State Medicaid Directors


an affiliate of the American Public Human Services Association

2010 NASMD Spring Conference May 24 – 25, 2010 • The Fairmont Hotel, Washington, DC

Note: All State Medicaid Staff must be authorized by the State Medicaid Director to attend this conference.

Hotel Reservation Deadline: May 3, 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 May 15, 2010. After this date, you must register on-site.

Please check the appropriate box:

Registration Category

State/Federal Agency

Online

Total Payment

**Before
5/15/10**

\$400

\$100

Onsite

\$450

Boot Camp

To register for the Boot Camp please complete the online registration form. There is no cost to attend, but you must pre-register. Breakfast, lunch and refreshment breaks will be provided. To complete the form go to <http://www.zoomerang.com/Survey/WEB22ACLHKHA3Z>

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:** The Fairmont Washington Hotel, 2401 M Street, NW Washington, DC 20036—\$226.00 for either a single or double room. Call (202) 429-2400 or (800) 441-1414 by **May 3, 2010** 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 **April 30, 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>

For APHSA Use Only: Date _____ ID# _____ APHSA Inv. # _____ Check Amount _____
Batch _____ Voucher/PO#: _____ Processor Initials: _____