

REGISTRATION FORM

2008 NASMD Spring Conference June 16 - 17, 2008

NASMD

National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

location

Sheraton Oklahoma City

One North Broadway, Oklahoma City, OK 73102

T: (405) 235-2780; F: (405) 232-8752; Web: <http://www.sheratonokc.com>

Room Rate: \$119.00, plus tax (Please refer to NASMD when making your hotel reservations in order to receive the group rate.)

Hotel Reservations: (800) 325-3535

Hotel Reservation Deadline: **May 12, 2008**

Conference Registration Deadline: **June 3, 2008**



Downtown Oklahoma City

**Note: ALL STATE MEDICAID STAFF ATTENDING THE 2008 NASMD SPRING CONFERENCE
MUST BE AUTHORIZED BY THE STATE MEDICAID DIRECTOR**

fees

RECEIVE BY 6/3/08

ONSITE (After 6/3/08)

State/Federal Agency:

\$265.00

\$315.00

Guest: Name _____

\$50.00

\$50.00

profile

Last Name _____ First Name _____ Middle Initial _____ Gender (circle): M F

Badge Name _____ Email Address _____

Title _____ Agency _____

Mailing Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Fax _____ Cell _____

functions Please check which functions you plan to attend:

Sunday (6/15)

- New Member Boot Camp
 Casino Night (*Transportation provided*)

Monday (6/16)

- Dinner at the Oklahoma History Center followed by tour of
Oklahoma City Bombing Memorial (*Transportation provided*)

emergency contact

Full Name _____ Relationship _____ Phone _____

special needs

Dietary _____ Accessibility _____ Other Special Need _____

payment options

Check (personal or agency) Send Invoice Purchase Order No. _____

VISA MasterCard American Express

Credit Card # _____ Exp. Date _____ Name on Card _____

Signature _____ Today's Date _____

PAYMENTS: Checks should be made payable to APHSA. Please reference the attendee and conference name on all payments.

Note: Please attach all payments to registration form; one attendee per form. Registration forms from state/local agencies without payment attached will receive an APHSA invoice. All others must pay registration fee by start of conference. Please return invoice when sending payment. Please check in at registration desk to receive name badge and conference materials. Cancellations: APHSA must receive written cancellation notice at least 25 days prior to the event in order to issue a refund, less a \$25.00 cancellation fee. All refunds will be processed after the conference. Registration fees for "no shows" will not be refunded.

Mail or Fax this form to: Bobbie Westmoreland (x255) or Cynthia Stull (x264), Conference Assistants, APHSA, 810 First Street, NE, Suite 500, Washington, DC 20002 – (202) 682-0100; Fax: (202) 408-5947; <http://www.aphsa.org>

For Official Use Only

Date _____ Member # _____ APHSA Invoice _____ Batch# _____ Processor Initials _____