

ANNUAL CONFERENCE & INSTITUTE REGISTRATION FORM

Registrant Information:

Registrant Name _____ Membership # _____
(First) (Last) (CEOE)
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Email address _____
Office Phone _____ I authorize NAEOP to publish/post my email address in the annual report.
Cell Phone _____ YES NO

Complete only ONE section below, either Full Registration OR Single Event Registration.

Full Registration:	<u>Paid by June 1</u>	<u>Paid after June 1</u>	
<i>(Full registration fee includes: Area Lunch, Council Brunch, Awards/PSP and Installation Banquets. DOES NOT INCLUDE Institute, Briefings, Optional Events and Guest fees.)</i>			
Full Registration—Member	\$275	\$310	\$ _____
Full Registration—Non-member	\$330	\$365	\$ _____
Check Appropriate Menu A or B:			
Awards/PSP Banquet: <input type="checkbox"/> A <input type="checkbox"/> B	Receiving PSP/CEOE recognition? _____		
Installation Banquet: <input type="checkbox"/> A <input type="checkbox"/> B	<i>(must be current member)</i>		
TOTAL FULL REGISTRATION FEES: \$ _____			(Transfer to next page)

Single Event Registration:	<u>Paid by June 1</u>	<u>Paid after June 1</u>	
Single Registration—Member	\$130	\$165	\$ _____
Single Registration—Non-member	\$185	\$220	\$ _____
<input type="checkbox"/> Area Luncheon \$44	<input type="checkbox"/> Council Brunch \$36		
Check Appropriate Menu A or B:			
<input type="checkbox"/> Awards/PSP Banquet \$55: <input type="checkbox"/> A <input type="checkbox"/> B	Receiving PSP/CEOE recognition? _____		
<input type="checkbox"/> Installation Banquet \$63: <input type="checkbox"/> A <input type="checkbox"/> B	<i>(must be current member)</i>		
TOTAL MEALS: \$ _____			
TOTAL SINGLE EVENT REGISTRATION FEES (Registration & Meals only): \$ _____			(Transfer to next page)

Optionals:

First Timer Orientation/Breakfast (No Charge) **TOTAL OPTIONALS:**

First Timer Conference Bag (No Charge to First Timers)

I would like to be a First Timer Mentor \$ _____

Conference Bag \$10 **(Transfer to next page)**

Additional Important Information:

Special Dietary Needs or Disability: _____

Emergency Contact Name: _____ Phone: _____

Guest/Spouse Registration:

Guest Fee: \$25/each guest \$ _____

Guest Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(Attach additional guest contact information to registration form.
Indicate total guest meal choices in selection boxes below.)

Council Brunch	\$36	\$ _____
Awards/PSP Banquet <input type="checkbox"/> A <input type="checkbox"/> B	\$55	\$ _____
Installation Banquet <input type="checkbox"/> A <input type="checkbox"/> B	\$63	\$ _____

TOTAL GUEST FEES \$ _____ **(Transfer to next page)**

ANNUAL CONFERENCE & INSTITUTE REGISTRATION FORM

Institute Registration Fee

Paid by June 1 Paid after June 1
\$75 \$110

(Required) \$ _____

Check desired Institute classes:

Institute 1 – Technology Track					
✓	IN101	Tuesday	8:30 am – 5:00 pm	Google! Finders Keepers	\$90
	IN102	Wednesday	8:30 am – 5:00 pm	WebTools for YOUR Toolbox	\$90
Institute 2 – Leadership Track					
✓	IN201	Tuesday	8:30 am – 12:15 pm	Working and Communicating with the Public and Press	\$45
	IN202	Tuesday	1:15 pm – 5:00 pm	Women in Leadership Roles	\$45
	IN203	Wednesday	8:30 am – 5:00 pm	Updating Your Business English and Writing Skills	\$90
	CANCELLED				

TOTAL INSTITUTE CLASSES FEE:

\$ _____

TOTAL INSTITUTE FEES: \$ _____

(Lunch included with full day institute attendance only)

(Transfer below)

Briefings:

Briefing I Wed. 9-10:30	Briefing II Wed. 10:45 – 12:15	Briefing III Wed. 1:30 - 3	Briefing IV Wed. 3:15 – 4:45	Briefing V Thurs. 11 – 12:30	Briefing VI Thurs. 1:30 - 3												
<input type="checkbox"/> 101 \$10	<input type="checkbox"/> 201 \$10	<input type="checkbox"/> 301 Free	<input type="checkbox"/> 401 \$10	<input type="checkbox"/> 501 \$10	<input type="checkbox"/> 601 \$10												
<input type="checkbox"/> 102 \$10	<input type="checkbox"/> 202 \$10	<input type="checkbox"/> 302 \$10	<input type="checkbox"/> 402 \$10	<input type="checkbox"/> 502 \$10	<input type="checkbox"/> 602 \$10												
<input type="checkbox"/> 103 \$10	<input type="checkbox"/> 203 \$10	<input type="checkbox"/> 303 \$10	<input type="checkbox"/> 403 \$10	<input type="checkbox"/> 503 \$10	<input type="checkbox"/> 603 \$10												
<input type="checkbox"/> 104 \$10	<input type="checkbox"/> 204 \$10	<input type="checkbox"/> 304 \$10	<input type="checkbox"/> 404 \$10	<input type="checkbox"/> 504 \$10	<input type="checkbox"/> 604 \$10												
<input type="checkbox"/> 105 \$10	<input type="checkbox"/> 205 \$10	<input type="checkbox"/> 305 \$10	<input type="checkbox"/> 405 \$10	<input type="checkbox"/> 505 \$10	<input type="checkbox"/> 605 \$10												
			406 \$10	<input type="checkbox"/> 506 \$10	<input type="checkbox"/> 606 \$10												
				<input type="checkbox"/> 507 \$10													
Briefing VII Thur. 3:15 – 4:45	Briefing VIII Fri. 7:45 – 9:15	Briefing IX Fri. 9:30 - 11	TOTAL BRIEFINGS: \$ _____														
<input type="checkbox"/> 701 \$10	<input type="checkbox"/> 801 \$10	<input type="checkbox"/> 901 \$10	(Transfer below)														
<input type="checkbox"/> 702 CANCELLED	<input type="checkbox"/> 802 \$10	<input type="checkbox"/> 902 \$10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: yellow;">TOTAL REGISTRATION FEES:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: yellow;">TOTAL OPTIONALS:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: yellow;">TOTAL GUEST FEES:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: yellow;">TOTAL INSTITUTE FEES:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: yellow;">TOTAL BRIEFINGS:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="background-color: yellow;">TOTAL CONFERENCE FEES</td> <td style="text-align: right;">\$ _____</td> </tr> </table>			TOTAL REGISTRATION FEES:	\$ _____	TOTAL OPTIONALS:	\$ _____	TOTAL GUEST FEES:	\$ _____	TOTAL INSTITUTE FEES:	\$ _____	TOTAL BRIEFINGS:	\$ _____	TOTAL CONFERENCE FEES	\$ _____
TOTAL REGISTRATION FEES:	\$ _____																
TOTAL OPTIONALS:	\$ _____																
TOTAL GUEST FEES:	\$ _____																
TOTAL INSTITUTE FEES:	\$ _____																
TOTAL BRIEFINGS:	\$ _____																
TOTAL CONFERENCE FEES	\$ _____																
<input type="checkbox"/> 703 \$10	<input type="checkbox"/> 803 \$10	<input type="checkbox"/> 903 \$10															
<input type="checkbox"/> 704 \$10	<input type="checkbox"/> 804 \$10	<input type="checkbox"/> 904 \$10															
<input type="checkbox"/> 705 \$10	<input type="checkbox"/> 805 \$10	<input type="checkbox"/> 905 \$10															

Payment Method (All fees are payable in U.S. dollars):

Copy of Purchase Order is attached (Must be paid by conference date)

Enclosed is a check or money order payable to NAEOP

*Credit Card Number _____ Exp Date _____ Security Code _____

Name on Credit Card _____

Billing Address of Credit Card _____

*Please note: a \$5 convenience fee is applied to all credit card transactions. Signature _____

Early Bird registration deadline is June 1, 2017. You must register by June 1, 2017 to be listed in the annual report. After June 15, bring the form with you for onsite processing. Onsite registration will be accepted on a space available basis. Meal tickets, however, may not be available onsite.

CANCELLATION/REFUND POLICY: All cancellation requests must be received in writing to the national office. Cancellations received on or before June 1 will entitle the registrant to a full refund less a \$25 administrative fee. Cancellations received between June 1 and June 15 will entitle the registrant to a 50% refund. There are no refunds for registration or meals after June 15, 2017. All written refund requests will be reviewed by the Executive Committee following conference. No-shows will not be refunded. Selection and reservation of payment for hotel accommodations, tours, and transportation to and from the conference are the sole responsibility of the registrant.

Return completed form and payment to: NAEOP | 1841 S Eisenhower Ct | Wichita KS 67209

Fax: 316-942-7100 | Email: naeop@naeop.org