

# NCLGS 2006 Annual Meeting

January 6 through 8, 2006 • Hilton San Diego Resort & Hotel • San Diego, California

Name: \_\_\_\_\_  
Name For Badge: \_\_\_\_\_  
(if different from above)  
Title: \_\_\_\_\_  
Company/Affiliation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
*(Required to process registration)*  
Accompanied By: \_\_\_\_\_  
*(Any spouse or family attending NCLGS meetings, breaks or other functions must register. Legislators are not subject to the spouse/immediate family charge.)*  
First Time Attendee?  YES  NO

## REGISTRATION

## FEES

### **REGISTRATION WILL NOT BE PROCESSED WITHOUT PAYMENT**

Legislator, Staff, Other State Official	\$300.00	_____
Indian Tribal Officials	\$300.00	_____
Industry	\$500.00	_____
Media	No Charge	_____
Industry spouse/immediate family	\$50.00	_____

**CANCELLATION POLICY:  
HALF REFUND AFTER DECEMBER 23; NO REFUND AFTER DECEMBER 30.  
CANCELLATIONS WILL ONLY BE ACCEPTED IN WRITING.**

*For Internal Use Only*

ID # \_\_\_\_\_ Registration # \_\_\_\_\_ Processed \_\_\_/\_\_\_/\_\_\_ Processed By \_\_\_\_\_

## PAYMENT

Registration fee enclosed  
\$ \_\_\_\_\_  
(make check payable to NCLGS)

Charge to my:

MasterCard   
Visa   
American Express

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## HOTEL CUT-OFF DATE IS DECEMBER 11, 2005

*Rooms in the NCLGS room block are limited in number and may sell out prior to this deadline.*

### **ROOM RESERVATIONS CANNOT BE MADE WITHOUT PAID MEETING REGISTRATION**

## HOTEL ACCOMMODATIONS NEEDED?

YES  NO

Legislators  \$129.00\*

All Others  \$169.00\*

\*Plus tax currently totaling 10.55%

Arrival Date: \_\_\_/\_\_\_/\_\_\_

Departure Date: \_\_\_/\_\_\_/\_\_\_

Smoking  Non-Smoking  Other: \_\_\_\_\_

**48 HOUR CANCELLATION WITHOUT PENALTY;  
WITHIN 48 HOURS: ONE NIGHT PENALTY**

## HOTEL PAYMENT

All room reservations must be guaranteed by an accepted credit card or accompanied by a check for one night's room deposit made payable to the **Hilton San Diego Resort**.  
Indicate below method of guarantee:

Charge to my:

Same Account as Above  American Express   
MasterCard  Discover   
Visa  Diners Club

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail or fax this form to:

NCLGS • 385 JORDAN ROAD • TROY • NY • 12180 • Tel: 518-687-0615 • Fax: 518-687-0401

E-mail: [info@nclgs.org](mailto:info@nclgs.org) • Web site: [www.nclgs.org](http://www.nclgs.org)