



# NMLZO



## Semi-Annual Meeting/Workshop

May 3-5, 2017

Albuquerque Marriott Uptown

### REGISTRATION FORM

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_

*Municipality or County*

MAILING ADDRESS \_\_\_\_\_

*Including City/State/Zip*

BILLING ADDRESS \_\_\_\_\_

*Including City/State/Zip*

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

*For Registration Confirmation*

For ADA Needs, contact Colette Schobbens at (800) 432-2036

#### REGISTRATION RATES

Check all of the appropriate boxes.

**Full Meeting** *(Includes Commissioners' training & all functions/meals etc.):*

Early Registration By April 19<sup>th</sup>  \$185  
Late Registration After April 19<sup>th</sup>  \$230

Full Meeting Registrant will attend:  Social (5/3/17)  
 Luncheon (5/4/17)  
 Vegetarian Meal  
 Gluten Free

**Commissioners' 1-Day Training** *(Thursday only includes luncheon):*

Early Registration By April 19<sup>th</sup>  \$130  
Late Registration After April 19<sup>th</sup>  \$155

One-Day Registrant will attend:  Luncheon (5/4/17)  
 Vegetarian Meal  
 Gluten Free

#### PAYMENT INFORMATION: Check made payable to NMML

Check Enclosed  
 Will Bring to Meeting *(Include member ID on check/stub.)*  
 Purchase Order Attach copy or provide PO# \_\_\_\_\_  
 Charge registration fee to:  Visa or  MC listed below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of \$ \_\_\_\_\_

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

Name of Card Holder: \_\_\_\_\_  
*(If different from Registrant Name)*

#### RETURN BY WEDNESDAY, APRIL 26<sup>TH</sup> TO:

Valerie Maes ♦ vmaes@nmml.org  
P.O. Box 846 ♦ Santa Fe, NM 87504  
Phone (800) 432-2036 or (505) 982-5573 ♦ Fax (505) 984-1392

#### SPOUSE/GUEST RATES: *(Includes all functions/meals etc.)* Registration will not processed unless payment is enclosed.

Early Registration Fee: \$70.00 (By April 19<sup>th</sup>)  
Late Registration Fee: \$85.00 (After April 19<sup>th</sup>)

Name: \_\_\_\_\_

Email: \_\_\_\_\_  
*For registration confirmation*

Spouse/Guest will attend:

Luncheon (5/4/17)  Vegetarian Meal  
 Social (5/4/17)  Gluten Free

#### PAYMENT INFORMATION: Check made payable to NMML

Check Enclosed *(Include spouse/guest registrant name on check/stub.)*  
 Included on Registrants Purchase Order. PO# \_\_\_\_\_  
 Charge spouse/guest fee to registrant's  Visa or  MC listed to the left.  
 Charge spouse/guest registration fee to:  Visa or  MC listed below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of \$ \_\_\_\_\_

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

Name of Card Holder: \_\_\_\_\_  
*(If different from registrant name)*

#### NMML REGISTRATION/CANCELLATION POLICY:

- After April 26<sup>th</sup> you **must** register on-site.
- Cancellations must be received in writing by April 26<sup>th</sup>.
- A \$25 fee charged for all cancellations.
- No refunds after April 26<sup>th</sup>.
- No partial refunds.
- Pre-registered no shows are responsible for full registration fee.
- Credit card transaction(s) processed immediately.
- Receipts available upon registration check-in.
- Registrations confirmations will be emailed.
- Policy applies to Spouse/Guest Registrants.
- Weather related no shows will be charged \$25.
- By submission of this form, I agree to all registration/cancellation policies.