

2007 NASAMS Specialized Skills Training Chicago, Illinois – August 8 - 10, 2007

Complete this form for each registrant and mail with payment to: **NASAMS Conference, c/o NLADA, 1140 Connecticut Ave. NW, Suite 900, Washington, DC 20036.** Credit card payment and invoice requests can be faxed to: 202.872.1031. Registration questions should be directed to Risa Hoffman at r.hoffman@nlada.org.

Registrant Information:

Name: _____ Email: _____
 Title: _____ Phone: _____
 Agency: _____ Cell: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____

Training Description	Member Status	Regular Individual Rate (July 3-July 25)**	Regular Group Rate* (July 3-July 25)**	SUBTOTAL
Beginner Death Penalty Mitigation Institute or Advanced Sentencing Practice (August 8) – SIMULTANEOUS SESSIONS – CHOOSE ONE				
Beginner Mitigation Institute with SEAK (below)	Member	\$109	\$99*	
	Non-Member	\$129	NA	
Beginner Mitigation Institute Only	Member	\$165	\$155*	
	Non-Member	\$185	NA	
Advanced Sentencing Practice with SEAK (below)	Member	\$109	\$99*	
	Non-Member	\$129	NA	
Advanced Sentencing Practice Only	Member	\$165	\$155*	
	Non-Member	\$185	NA	
Expert Witness Testifying & Report Writing (August 9 & 10)				
SEAK Testifying Only (August 9)	Member	\$350	NA	
	Non-Member	\$415	NA	
SEAK Report Writing Only (August 10)	Member	\$350	NA	
	Non-Member	\$415	NA	
SEAK Both Sessions (Testifying & Report Writing)	Member	\$600	NA	
	Non-Member	\$730	NA	
				SUBTOTAL
				MEMBERSHIP DUES
				TOTAL

* To qualify for group rates, all registrants in the group must be NLADA members, and must register and pay at one time.

** After July 25th, only onsite registration will be accepted. Onsite registration will be added to each regular rate category for onsite registration.

JOIN NASAMS ~ SAVE ON REGISTRATION FEES!

\$65 – Annual Individual Membership
 \$40 – Annual Student Membership (with valid current student ID)

Payment

Check enclosed payable to NLADA (with NASAMS Conference on the memo line)

MasterCard Visa Card #: _____ Exp: _____ Name: _____ Signature: _____

In order to invoice your agency, you must include a purchase order number, contact name, and contact information for the appropriate finance department that will process the payment. Please complete the following:

Invoice Agency PO #: _____ Name: _____ Phone: _____ Email: _____

Cancellation/Refund Policy: Registration cancellations must be received in writing no later than July 18th. Cancellations and refunds are subject to a \$75 administrative charge. After July 18th, registrations may be transferred, but cancellations will not be eligible for a refund. With notification, substitutions of individual registrants may be made at any time.