

**2010 NDACE INSTITUTE
Member Registration Form
60th Annual Institute– February 3rd thru February 5th, 2010**

NAME: _____ TITLE: _____

COUNTY/ORGANIZATION REPRESENTING: _____

STREET ADDRESS OR P.O. BOX NUMBER: _____

EMAIL ADDRESS: _____ PHONE NO. _____

CITY: _____ STATE: _____ ZIP CODE: _____

2010 MEMBERSHIP DUES

Full Member (\$125.00 includes National Dues) \$ _____

Associate Member (\$15.00 Commissioners & Techs) \$ _____

Life Member (No Charge) \$ _____ 0.00 _____

Total Membership Fee \$ _____

2010 CONFERENCE REGISTRATION

Early Bird Registration (\$90.00) Prior to January 20th, 2010 \$ _____

Registration (\$120.00) received after January 20th, 2010 \$ _____

Spouse/Guest Banquet Tickets (No Charge) \$ _____ 0.00 _____

Total Conference Registration Fee Enclosed \$ _____

TOTAL (No Direct Billing) \$ _____

Spouse/Guest Name: _____

PAYMENT & CANCELLATION POLICIES

Pre-Registration Payment Enclosed

Will Pay at Registration

Cancellations received 7 days prior to the convention will receive a full refund. No-shows or cancellation received less than 7 days prior receive no refund. Please make checks payable to NDACE.

PLEASE RETURN PROMPTLY TO:

Kerry Johnson
NDACE Sec/Treasurer
PO Box 306
Valley City, ND. 58072

Phone: 701-845-8508
Fax: 701-845-8533