



# REGISTER NOW!

**NSGIC 2009 Annual Conference  
October 4-8, 2009 ~ Renaissance Cleveland Hotel ~ Cleveland, Ohio**

Please type or print. Complete one form per attendee. Copy form for additional registrants.

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

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Are you a first-time conference attendee?    Yes    No    Are you the primary delegate from your state?    Yes    No

**REGISTRATION FEES:**

	<b>By Sept 4th</b>	<b>After Sept 4th</b>	<b>After Sept 25th</b>
<b>Member</b>	\$485	\$570	\$670
<b>Non-member</b>	\$685	\$770	\$870
<b>All Non-Sponsoring Corporate Attendees</b>	\$1500	\$1500	\$1500

\*Dinner event Tuesday, October 6, 2009, 6-9:30pm:    Yes, I will attend    No, I will not attend

Additional cost for spouse/guest = \$75    Indicate # of additional dinner tickets: \_\_\_\_\_ tickets @ \$75 = \_\_\_\_\_

Total amount due:    \$\_\_\_\_\_

**CANCELLATION POLICY:**

Cancellations must be received in writing by September 4, 2009 to qualify for a full refund. A \$50 administrative fee will be deducted for cancellations received in writing between September 4 and September 25, 2009. Fees cannot be refunded for registrations cancelled after September 25, 2009.

**PAYMENT INFORMATION:**

Check (payable to NSGIC)                      VISA/MasterCard                      American Express

Card #	Expiration Date:
Billing Address:	
Name on Card	Signature:

Return payment & completed form to:  
NSGIC  
2105 Laurel Bush Road, Suite 200  
Bel Air, MD 21015

Fax: 443-640-1031 or e-mail: [diane@ksgroup.org](mailto:diane@ksgroup.org)  
Phone: 443-640-1075