

# National Council of Self-Insurers

## 2012 Annual Meeting Meeting Registration Form

**Time and Place:** June 3-6, 2012 Ritz-Carlton, Key Biscayne, FL

**Registration Fee:** Members - \$675.00 Non-Members - \$975.00

**To register for the meeting, please complete and return this form by mail to**  
National Council of Self-Insurers

1253 Springfield Ave, PMB 345, New Providence, NJ 07974

**or by Fax at: (908) 665-4020 or by email to: natcouncil@aol.com**

**\*Cancellations received on or before May 16 will receive a full refund  
less a processing fee of \$50.00 per person.**

**\*\*No refunds will be issued for cancellations received after May 16, 2012.**

**NCSI Tax Identification No. 13-6178921**

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

First name for Badge: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

( ) Enclosed is my check made payable to NCSI in the amount of \$ \_\_\_\_\_

( ) Please charge the indicated credit card in the amount of \$ \_\_\_\_\_

( ) Visa ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Card in the Name of: \_\_\_\_\_

Signature: \_\_\_\_\_

*Hotel reservations should be made directly with the Ritz-Carlton*

# National Council of Self-Insurers

## 2012 Annual Meeting

### Supplementary Registration Form

**Time and Place:** June 3-6, 2012 Ritz-Carlton, Key Biscayne, FL

**Supplementary**

**Registration Fee:** Member - Spouse/Companion.....\$250.00\_\_\_\_\_   
 (includes participation in all activities)

Non-Member - Spouse/Companion.....\$500.00\_\_\_\_\_   
 (includes participation in all activities)

Robin Obetz Golf Tournament on Tuesday afternoon ....\$199.00\_\_\_\_\_   
 (includes greens fees, transportation to & from course, box lunch)

**Total amount due**.....\_\_\_\_\_

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Name of Conferee:\_\_\_\_\_

Name of Spouse/Companion:\_\_\_\_\_

Conferee's Company/Organization: \_\_\_\_\_

A single check/charge may be remitted for both the meeting registration fee and the supplementary fee, or two checks/charges may be remitted; one for the meeting registration fee and the other for the supplementary fee.

( ) Enclosed is my check made payable to NCSI in the amount of \$\_\_\_\_\_

( ) Please charge the indicated credit card in the amount of \$\_\_\_\_\_

( ) Visa ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number:\_\_\_\_\_ Exp.Date:\_\_\_\_\_

Card in the Name of:\_\_\_\_\_

Signature:\_\_\_\_\_