

National Council of Self-Insurers

2010 Annual Meeting Meeting Registration Form

Time and Place: May 23-26, 2010
Don CeSar Beach Resort, St. Pete Beach, 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 14, 2010 will receive a full refund less a processing fee of \$50.00 per person.**

****No refunds will be issued for cancellations received after May 14, 2010.**

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 following: Visa MasterCard American Express
in the amount of \$_____

Credit Card Number: _____ Exp.Date: _____

Card in the Name of: _____

Signature: _____

Hotel reservations should be made directly with the Don Cesar Beach Resort

National Council of Self-Insurers

2010 Annual Meeting Supplementary Registration Form

Time and Place: May 23-26, 2010
Don CeSar Beach Resort, St. Pete Beach, 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\$119.00_____
(includes transportation to and from course, greens fees, golf range balls, box lunch)

Total amount due....._____

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Name of Conferee: _____

Name for Spouse/Companion Badge: _____

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 following: () Visa () Mastercard () American Express
in the amount of \$ _____

Credit Card Number: _____ Exp.Date: _____

Card in the Name of: _____

Signature: _____