



102nd Annual League Conference

Atlantic City Convention Center November 14-16, 2017
Voucher Certification and Pre-Registration Form

PRE-REGISTRATION FEE: \$55.00

No Refunds, Cancellations, Faxes or Emails

Registrations Must Be Postmarked by October 1, 2017

Delegate/Municipal Registration Form Only

(Employees or elected official of a Municipality, State, County, Local Governments, Municipal/State Utilities or Authorities and Non-Profits)

BADGE(S) ONSITE PICKUP OPTION YES / NO: _____ (If yes, ALL registrants must pick up badges onsite and each registrant will receive a separate confirmation with a personalized bar code including instructions on how to print their badge onsite. If no, ALL badges will be mailed to the key contact.)

Billing - Key Contact Information

Municipality or Organization: _____ (Twp/Boro/City) _____ (County)

Key Contact First Name: _____ Last Name: _____ Title: _____
 (CONFIRMATIONS WILL BE SENT TO KEY CONTACT. IF YOU ARE ATTENDING THE CONFERENCE, PLEASE REGISTER BELOW)

Address _____ City _____ State _____ Zip Code _____

Telephone () _____ Fax () _____ E-mail _____

PLEASE NOTE ALL FIELDS BELOW ARE REQUIRED FIELDS AND MUST BE FILLED OUT COMPLETELY, INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED

ATTENDEE INFORMATION

(Print or Type all required information below)

(Spouse badges are complimentary)

#	Pre-Registrants Names Guest, TBA, Etc. (Not Acceptable) <i>(required field)</i>	Title Guest, TBA, Etc. (Not Acceptable) <i>(required field)</i>	Email Address Individual's email required <i>(required field)</i>	Spouse (No Titles allowed) Guest, TBA, Etc. (Not Acceptable) Valid Example: "Bob Smith"
	Jane Smith <i>(No Abbreviations)</i>	Business Administrator <i>(No Abbreviations)</i>	jsmith@yourmunicipality.com <i>(Individual's email address)</i>	CEU'S NOT VALID - A spouse who is a government official must register as a government official
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If More Room is Needed, See Other Side of this Form (This Form May be freely Reproduced) _____ Check If Additional Names on the Other Side

DATE FORM COMPLETED: _____

CLAIMANTS' CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials/articles will be furnished or services rendered as stated herein and that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: **August 1, 2017**

Federal Identification: **21-6000935**

Michael J. Darcy., Executive Director:

NO REFUNDS/CANCELLATION ONCE ORDER IS PROCESSED/RECEIVED "If an event is cancelled by NJLM, registration fees for that event will be refunded in full. Modification of events will not be cause for refunds."

PLEASE NOTE ALL FIELDS BELOW ARE REQUIRED FIELDS AND MUST BE FILLED OUT COMPLETELY, INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED

CERTIFICATION BY APPROVAL OFFICIAL

1. Registering with Purchase order/Voucher

I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim.

Payment chargeable to **Account(s)**: _____ In House PO# _____ Amount \$ _____

Signature: _____ Title _____ Date _____

CFO, Finance Director

2. Registering with Enclosed Check # _____ In The Amount of \$ _____

NJLM USE (ONLY) Date recv'd _____ Chk recv'd _____ FOR DATA ENTRY PERSONNEL USE (ONLY) Check, all that apply to confirm accuracy of this Order Registration Type: _____ Municipal Registering by: _____ Check _____ PO/Voucher _____ Amt
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MAKE ALL CHECKS PAYABLE TO: NJLM, 222 West State Street, Trenton, NJ 08608

SEE THE OTHER SIDE OF THIS FORM TO COMPLETE YOUR REGISTRATION AND TO REVIEW ADDITIONAL INFORMATION



Municipality or Organization: _____ (Twp/Boro/City) _____ (County)

Contact First Name: _____ Last Name: _____ Title: _____

CONTINUE

ATTENDEE INFORMATION

(Print or Type all required information below)

(Spouse badges are complimentary)

	Pre-Registrants Names Guest, TBA, Etc. (Not Acceptable) <i>(required field)</i>	Title Guest, TBA, Etc. (Not Acceptable) <i>(required field)</i>	Email Address Individual's email required <i>(required field)</i>	Spouse First & Last Name (No Titles allowed) Guest, TBA, Etc. (Not Acceptable) Valid Example: "Bob Smith"
	Jane Smith <i>(No Abbreviations)</i>	Business Administrator <i>(No Abbreviations)</i>	jsmith@yourmunicipality.com <i>(Individual's email address)</i>	CEU'S NOT VALID - A spouse who is a government official must register as a government official
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_____ Check if additional names on another page

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service (See Certification, On the Front of This Form). Since the Local Finance Board has approved this form your purchase order/ voucher for separate signature is not required unless your municipality requires a signature. Please note, for tracking inquires on pre-registration(s) please insert in-house purchase order # where indicated within the certification section.

Billing Address *(If different from address on front of form)*

Shipping Address *(If shipping address different from billing enter below)*

Address: _____ *(required)*

Address: _____ *(required)*

Address Continue _____

Address Continue _____

City: _____ State: _____ Zip Code: _____ *(required)*

City: _____ State: _____ Zip Code: _____ *(required)*

* PAPER REGISTRATIONS MUST BE POSTMARKED BY OCTOBER 1, 2017

* WE DO NOT ACCEPT FAX OR EMAILED REGISTRATIONS – THEY WILL NOT BE ACKNOWLEDGED OR PROCESSED

*NO REFUNDS OR CANCELLATIONS, YOU MAY TRANSFER A BADGE TO ANOTHER

*THE TRANSFERRED BADGE MUST BE PRESENTED AT THE PRE-REGISTRATION COUNTER

"If an NJLM event is cancelled by NJLM, registration fees for that event will be refunded in full. Modification of events will not be cause for refunds."

*** IF REGISTERING ONLINE DO NOT USE THIS PAPER REGISTRATION**