



**REGISTRATION, INVOICE & VOUCHER
CERTIFICATION FORM**

SEMINAR TITLE: THE FAIR LABOR STANDARDS ACT (FLSA) and THE FAMILY And MEDICAL LEAVE ACT (FMLA)

DATES & LOCATIONS:
(Please Circle One)

03/05/08
PNC Arts Center
Holmdel, NJ

REGISTRATION FEE: \$110.00 per person - Member Rate *Applies to Municipal Officials* \$195.00 per person - Non-Member Rate *All Non-Member Registrations must be prepaid*

Returning a copy of this completed form insures you a reservation at the above seminar. Just send us this form with or without a check. No need to send us your voucher for a separate signature because **this form has been approved by the Local Finance Board and meets the requirements for certification of performance of service. HOWEVER, A PURCHASE ORDER NUMBER IS REQUIRED TO PROCESS THIS REGISTRATION FORM.**

**CANCELLATION
POLICY**

If you are unable to attend this seminar, you may transfer your registration to a colleague, or fax us **three (3) working days PRIOR** to the seminar and we will be happy to issue a refund.

VENDOR CLAIMANT'S CERTIFICATION AND 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 have been furnished or services rendered as stated herein; 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.	
06/27/2007	21-6000935
Date	Federal I.D. #
Executive Director	
Official Position	
CERTIFICATION BY RECEIVING AGENCY	CERTIFICATION BY APPROVAL OFFICIAL
I, having knowledge of the facts, certify and declare that the materials have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures, or verifiable information.	I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim. The payment shall be chargeable to:
	Appropriation Account(s) Charged
	P.O. # - MANDATORY
	Amount(s): \$ _____
Signature _____	Signature _____
	Date _____
Title _____	Title (CEO, Finance Director) _____

SEMINAR REGISTRATION (Please fill in all of the below information)

	Name of Seminar Registrant	Title	E-Mail Address	Municipal Phone #	#In Case of Emergency Cancellation
1)					
2)					
3)					
4)					
5)					

Contact Person: _____
 Municipality: _____
 Address: _____ City: _____ St: _____ Zip: _____

PLEASE NOTIFY US IF YOU DESIRE ANY SPECIAL COMMUNICATION EQUIPMENT OR SERVICES

MAKE CHECKS PAYABLE TO:
 New Jersey State League of Municipalities
 222 West State Street - Trenton, NJ 08608

Phone: (609) 695-3481
 Fax: (609) 695-0151

DIRECTIONS ON BACK

DIRECTIONS TO SEMINAR LOCATIONS

PNC BANK ARTS CENTER

Exit 116, Garden State Parkway • Holmdel, NJ 07733 • 732-264-3355

From Northern New Jersey, New York:

Take New Jersey Turnpike South to Exit 11, then Garden State Parkway South to Exit 116.

From Trenton, Pennsylvania and Western New Jersey:

Take Route 1 North to Interstate 195 East, then Garden State Parkway North to Exit 116.

From Central New Jersey:

Take the New Jersey Turnpike North. Take exit 7A to Interstate 195 East, then Garden State Parkway North to Exit 116.

From South Jersey, Atlantic City:

Take Garden State Parkway North to Exit 116. (PNC Bank Arts Center). Follow the blue signs to the Reception Center.