



NJLM TICKETED FUNCTIONS ORDER & CERTIFICATION FORM

- ✓ MAKE ALL CHECKS PAYABLE TO: NJLM, ATTN: FINANCE DEPARTMENT, 222 WEST STATE STREET, TRENTON, NJ 08608
- ✓ "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."
- ✓ A NJLM CONFERENCE BADGE IS REQUIRED TO ATTEND A NJLM TICKETED FUNCTION. *(Ticket function fees are separate from conference badge registration fee)*
- ✓ CONFIRMATIONS AND TICKETS WILL ONLY BE SENT TO THE KEY CONTACT.
- ✓ PLEASE PRINT OR TYPE, ILLEGIBLE FORMS WILL BE RETURNED UNPROCESSED.
- ✓ IN ORDER TO PROCESS THIS FORM: The certification by approval official must be completed in its entirety accompanied by a purchase order if original signature is required or a check.
- ✓ **WE DO NOT ACCEPT FAXES OR EMAILS. PLEASE PRINT COMPLETED FORM AND MAIL TO THE LEAGUE OFFICE, NJLM, 222 WEST STATE STREET, TRENTON NJ, 08608**

ORGANIZATION _____ TWP/BORO/ETC. _____ COUNTY _____

KEY CONTACT _____ TITLE _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

27th ANNUAL MAYOR'S BOX LUNCHEON

Wednesday, November 14, 2018
 Sheraton Hotel, Atlantic City
 Crown Ballroom, 2nd Floor
 12:00 NOON - 1:45 PM
 Tickets: \$25.00 per person
 (NO REFUNDS)

Mayor's Box Luncheon Important Info.
 By the action of the League's Executive Board, the Mayor's Box Luncheon tickets are limited to **ONLY the Mayor and two (2) guests of the Mayors' choosing.**

MAYOR'S BOX LUNCHEON

Important: By the action of the League's Executive Board, the Mayor's Box Luncheon tickets are limited to the **Mayor and two (2) guests. REGISTRANTS (ONLY THREE (3) ALLOWED AT THIS EVENT)*

REGISTRANTS	TITLE
1. _____	MAYOR <input type="checkbox"/> <i>Check if the Mayor is not attending</i> <i>(If this is not the Mayor, add title and check box to the right; #1 Authorized by the Mayor)</i>
2. _____	# 2 Authorized by the Mayor
3. _____	#3 Authorized by the Mayor

QTY _____ X COST \$25 = TOTAL \$ _____

MAYOR & TWO GUESTS ONLY

WOMEN IN MUNICIPAL GOVERNMENT NETWORKING AND AWARD EVENT

Wednesday, November 14, 2018
 Sheraton Hotel, Atlantic City
 Pearl Ballroom, 2nd Floor
 5:15 PM
 Tickets: \$30.00 per person
 (NO REFUNDS)

WOMEN IN MUNICIPAL GOVERNMENT NETWORKING AND AWARD EVENT

REGISTRANTS	TITLE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

QTY _____ X COST \$30 = TOTAL \$ _____

Check here if you have attached additional names/titles for this event

LEAGUE DELEGATE'S LUNCHEON

Thursday, November 15, 2018
 Sheraton Hotel, Atlantic City
 Crown Ballroom, 2nd Floor
 12:00 NOON - 1:30 PM
 Tickets: \$40.00 per person
 (NO REFUNDS)

LEAGUE DELEGATE'S LUNCHEON

QTY _____ X COST \$40 = TOTAL \$ _____

ORDER GRAND TOTAL
 Add all order totals together and enter below

\$ _____

CONFIRMATIONS AND TICKETS WILL BE MAILED TO THE KEY CONTACT ONLY

CLAIMANT'S CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the order statement is correct in all its particular; that the materials/articles will be furnished or services to be 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 herein stated is justly due and owing; and that the amount charged is reasonable one. **Federal ID#: 21-6000935**

Michael J. Darcy, CAE, EXECUTIVE DIRECTOR

Signature:

Date: 8/31/2018

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service. Since the Local Finance Board has approved this form your purchase order/ voucher for separate signature is not required unless your municipality requires original signature. Please note, for tracking inquires on this order please insert valid purchase order # where indicated within the certification section or check # within the check registration section.

PAYMENT OPTIONS

***IF REGISTERING BY PURCHASE ORDER THIS SECTION MUST BE FILLED OUT IN ITS ENTIRETY, SIGNATURE REQUIRED OR THIS ORDER WILL BE RETURNED UNPROCESSED CERTIFICATION BY APPROVAL OFFICIAL**

1. Purchase Order or Voucher Registration I certify that I am authorized to place this order and declare that this order statement is correct, and that sufficient funds are available to satisfy this claim.

Payment shall be chargeable to Appropriation Acct(s) _____ Using Valid PO # _____

Order Total \$ _____ Print Name _____ Title _____

Signature _____ (required) Date _____

Please do not fax or email, we need original form with original signature

2. Check Registration Enclosed is Check # _____ in the amount of \$ _____ Date _____