CONFERENCE REGISTRATION FORM

REGISTRATION FEES

Fees: $2000 for two attendees ($1500 for two IJIS members). For each additional attendee, there is a $500 fee. Please contact Conference Services at conferences@ncsc.org to register the additional attendee.

GENERAL INFORMATION

Organization / Company: ____________________________________________________________
Street Address: ____________________ City: ____________________ State: ____  Zip / Postal Code ____________

Attendee 1 IJIS member ☐
First Name: ____________________  M.I. ______ Last Name: ____________________________
Title: __________________________ 
E-mail: ________________________ Telephone: ________________________________
In Case of Emergency: Name: __________________________ Phone: ____________________

Attendee 2 IJIS member ☐
First Name: ____________________  M.I. ______ Last Name: ____________________________
Title: __________________________ 
E-mail: ________________________ Telephone: ________________________________
In Case of Emergency: Name: __________________________ Phone: ____________________

PAYMENT METHOD

Enclosed is my check for $__________ payable to NCSC (Federal Tax ID #52-0914250)

Or charge $__________ to ☐ American Express ☐ MasterCard ☐ VISA
Card Number: ____________________________
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Registration fees are non-refundable. No purchase orders will be accepted.

Please complete and return to:
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