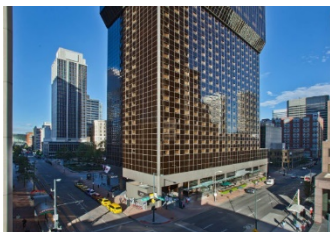


## 2018 Staff Symposium Series

### Pre-Registration Form



**Denver, Colorado**  
**March 8 and 9, 2018**  
**Classes: Thursday and Friday**  
**Reception: Wednesday, March 7, 2018**  
**Registration Deadline: February 14, 2018**

**Denver Marriott City Center**  
 1701 California Street  
 Denver, CO 80202  
 (800) 228-9290 or (303) 297-1300  
 Room Rate: \$189 per night  
**Reservations Deadline: February 14, 2018**



**Baltimore, Maryland**  
**May 17 and 18, 2017**  
**Classes: Thursday and Friday**  
**Reception: Wednesday, May 16, 2018**  
**Registration Deadline: April 18, 2018**

**Baltimore Marriott Inner Harbor at Camden Yards**  
 110 South Eutaw Street  
 Baltimore, MD 21201  
 (800) 228-9290 or (410) 962-0202  
 Room Rate: \$185 per night  
**Reservations Deadline: April 18, 2018**

*Contact the hotels directly to make your hotel reservations. Advise the hotel you are with the NACTT Staff Symposium.*

### Registration Information

Trustee's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

### Registration Fee

**\$350** to attend both days of the Symposium. The fee includes the Welcome Reception, Breakfast and Morning Breaks on both days, and Lunch and Afternoon Break on the first day. For planning and food purposes, please indicate the number of pre-registered attendees for each city below. *(Please note: Registration fees are non-refundable and are made for each city.)*

**FAMILIES AND SOCIAL ATTENDEES ARE NOT PERMITTED IN THE CONFERENCE AREAS**

**You must indicate the number of employees that you are pre-registering for each city:**

**Denver:** \_\_\_\_\_ **Baltimore:** \_\_\_\_\_

**Total Registrants:** \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_

*(Please pay by check if possible; the NACTT incurs a fee to process credit cards)*

### Method of Payment

Check (preferred\*)  MasterCard  Visa  American Express  
 Credit Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security PIN # \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Please complete this form and submit to the NACTT by one of the following methods:**

**Email: [courtney@jee.com](mailto:courtney@jee.com) - Fax: 803-765-0860 - Mail: NACTT, 1 Windsor Cove, Suite 305 Columbia, SC 29223**