

CONFERENCE REGISTRATION FORM—2009 URISA/NENA Addressing Conference
August 4-6, 2009 – Westin Providence, Providence, Rhode Island

Name _____
 Title _____ Credentials: _____
 Organization _____
 Address _____
 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 Telephone _____ Fax _____
 E-Mail _____

I'm currently a member of (check both if applicable): NENA Member URISA International Member

Conference Registration

Full Registration includes: Conference Proceedings, Networking Reception, Wednesday lunch, and Thursday Social Event. A registrant may select only a single One Day Registration - more than one day of attendance is considered a Full Registration and will be charged accordingly.

Conference Registration	Regular Rate <i>Postmarked after July 6, 2009</i>	
	Member	Nonmember
Full Registration	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
One Day Registration: <i>Wednesday Only</i>	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
<i>Thursday Only</i>	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Tuesday, August 4 – Pre-Conference Workshops (optional), 8:30 AM – 5:00 PM		
<i>Additional fee required – choose one only:</i>	Member	Nonmember
WK1- Introduction to NG 9-1-1	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
WK2- Advanced GIS	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
WK3- Addresses and IS/GIS Implementation	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245

Total Due \$ _____

Cancellation & Refund Policy: All cancellations must be received in writing (via fax, e-mail or regular mail) at URISA Headquarters on or before July 17, 2009, in order to receive a refund, less a \$50 processing fee. After July 17, 2009, cancelled registrations will not be refunded nor applied to future conferences. There will be a \$50 administrative fee for the swapping of Registrants.

Payment Information:

(Make checks payable to the URISA/NENA Addressing Conference in US Dollars)

ALL registrations must be paid in full by the time of the conference.

Payment is enclosed: Check # _____ Purchase Order # _____ Please bill me.

VISA MasterCard American Express

Credit Card # _____ Exp Date: _____

Signature for Credit Card: _____

Send the completed registration form with payment information to:
 UNAC c/o URISA, 1460 Renaissance Drive, Suite 305, Park Ridge, IL 60068 USA
 Fax to 847/824-6363. Or register on-line at www.urisa.org.
 Questions? Call the Conference Hotline at (847) 824-6300, info@urisa.org