



CTC 2017 COURT TECHNOLOGY CONFERENCE

Salt Lake City, UT – Salt Palace Convention Center – September 11-14, 2017

CONFERENCE REGISTRATION FORM

GENERAL INFORMATION

Prefix: _____ First Name: _____ M.I.: _____ Last Name: _____

Name on Badge (if different from above): _____

Organization / Company: _____ Title: _____


Street Address: _____ City: _____ State: _____ Zip / Postal Code: _____

Country: _____ E-mail: _____

Telephone: _____ ** If outside U.S., please include entire phone number (country code, etc.)

Please indicate any physical or dietary needs that require special attention. _____

In Case of Emergency: Name: _____ Phone: _____
Please supply emergency contact information that can be used **24 hours a day**

 Twitter Handle: _____

REGISTRATION SELECTION & FEES

This registration fee entitles you to attend the keynote Speaker(s); all educational sessions; Admittance to the Exhibit Hall and Showcase Theaters; receive all conference materials; and all provided meals. **No daily rates are offered.**

- | | | |
|--|-------------|----------|
| <input type="checkbox"/> Regular Rate (May 16 - August 31, 2017) | \$850 each | \$ _____ |
| <input type="checkbox"/> Association Rate (January 1- August 31, 2017) | \$675 each | \$ _____ |
| <input type="checkbox"/> On-site Rate (starts September 1) | \$975 each | \$ _____ |
| <input type="checkbox"/> Private Sector (through Sept. 19, 2017) * | \$1000 each | \$ _____ |
- *Individuals who are not employed by a court or another governmental entity are considered **private sector** attendees.

REFERAL

Please list the name of the person who referred you to register. (Registration must be completed by August 31st)

Referred By: _____

SUBSTITUTION (if applicable)

If you are replacing a confirmed participant, please note that substitutes must complete a registration form which should be submitted by mail or fax. Please indicate the name of the person you are replacing below. There are no fees associated with substitute registrations.

Person being replaced: _____

PAYMENT METHOD

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

Or charge \$ _____ to American Express MasterCard VISA

Card Number: Provide Number to Call for Credit Card Info _____

Expiration Date: MONTH _____ YEAR _____

Signature (Required) _____

Please complete and return to:

The National Center for State Courts
CONFERENCE SERVICES
300 Newport Ave.
Williamsburg, VA 23185-4147
Toll Free: (888) 609-4023
P: (757) 259-7525
F: (757) 259-1520
E: conferences@ncsc.org

Registration fees are non-refundable. No purchase orders will be accepted.