

## National Eligibility Workers Professionals Associated Through Human Services 38<sup>TH</sup> ANNUAL TRAINING CONFERENCE AUGUST 4TH — AUGUST 7TH, 2013

Hotel Information
Miami Marriott Biscayne Hotel
1633 North Bayshore dr.
Miami, FL 33132
http://www.marriott.com/hotels/travel/miabbmiami-marriott-biscayne-bay/
Phone 1-800-374-3900
Ask for reservations and mention NEW
Hotel Reservations must be made directly
with the hotel – not with this form –
Room Rate is \$139.00, + Tax of \$18.07 = \$157.07
Reservations must be made by
July 15, 2013

## Come See NEW; PATHS In Miami In 2013

To assist in Registration, Please fill out all of the information on this form completely and legibly

Name:			Agency Name	<u> </u>	
Home Address:					
			Work Address		
City State Zip			City State Zip		
Home Phone:			Work Phone:	<del></del>	
E-mail address:			Title/Position:		
Contact information will be used to compile a Conference Attendee Directory			*Agency Representative YES NO		
Are you a FIRST TIME NEW: PATHS Conference Attendee? YES NO			Would you like to be a Moderator? YES NO Contact Gwen at: Pen49gwen@yahoo.com		
Are you a board member of a Sta	te or Local Chapter?	YES NO	Name of Chapter and	d Office :	
concurrent works hops and general se DAILY CONFERENCE Pre-Registration concurrent works hops and general se "AGENCY MEMBERS HIP entitles one	INCLUDES: Name badge essions, breaks and meal person from that Agen	e (NAME WILL BE WI functions for the cy to register as	at day. a member.	ce bag, conference	e program, admission to all
REGULAR RATES			LATE REGISTRATION RATES		What Special Assistance is
			ostmarked after July 15		needed?
Full Conference Member	\$ 275		f Member	\$290	☐ Vegetarian Meal
Full Conf NON-Member	\$315**		NON-Member	\$330**	☐ Wheel chair
Daily Rate Member	\$140***		te Member	\$155***	Other (explain):
Daily Rate NON-Member	\$180**/***		te NON-Member	\$195**/***	
**Includes one year membership	***If you are a D	AILY attendee,	please indicate the da	y you will be att	tending:
PAYMENT BY PERSONAL CHECK  CREDIT CARD TYPE: MASTER CARD;  AMERICAN EXPRESS (GRCLE ONE)	VISA; DISCOVER;		ER 8/1/13 PAYMENT MU R PURCHASE ORDER	EX	REDIT CARD, MONEY ORDER,  PIRATION DATE:  5C NUMBER: ON THE BACK
BILLING ADDRESS:					
SIGNATURE:					
COMPLETE AND SEND THIS FORM WITH			6, Anthorage, AK 99524-346 DUR EXPIRATION DATE	56 OR FAX TO 1-907	-349-3396
CANCELLATIONS: All cancellations & changes must be in writi No refunds will be issued for cancellat  If you have questions - contact: Jollynn C Phone: 907-903-3034 Email: new@nati	tions & change requests	fund requests post postmarked aft	er 8/1/2013	ne Conference go to	the Web Site for NEW; PATHS at
FOR WEW: PATHS USE ONLY	Target Safe Safe Safe Safe Safe Safe Safe Safe		- CF REITHANDING TO A STATE OF THE STATE OF		Eventbrite  For alternate on-line

registration