



## 2011 NASRA Conference Form Instructions

Please complete all highlighted fields on the form.

Once you have completed the form please retain a copy for your records and submit the original along with your payment to the address on top of the form. If someone other than yourself (e.g. your finance or accounting division) mails your payment please ensure that they have the correct mailing address for NASRA.

**It is critical that you specify any accommodations or special dietary needs on this form and if it is not specified NASRA is not responsible should your needs not be able to be met.**

**Please note that NASRA is not able to accept cash payments or payment by credit card. Also, there is no on site registration.**



P.O. Box 2182  
 St. Paul, MN 55102  
 Phone: 800-657-3599  
 Fax: 651-297-7891

NASRA Tax ID: 41-1782279

NASRA MEMBER CONFERENCE REGISTRATION FORM AND INVOICE	
<b>Invoice Description:</b>	Registration Fee for the National Association for State Relay Administration (NASRA) Conference, October 19-22, 2011, in Salt Lake City, Utah
<b>Make Checks Payable To:</b>	National Association for State Relay Administration (NASRA)
<b>Mail Payment To:</b>	NASRA, P.O. Box 2182, St. Paul, MN 55102
<b>Payment Due Date:</b>	<b>Friday, September 09, 2011</b>
<b>Amount Due:</b>	<b>\$275.00</b>
<b>◆ NASRA is not able to accept cash payments or payments by credit card</b>	

MEMBER CONFERENCE REGISTRATION INFORMATION				
<p>Attendance at the NASRA Conference is limited to those individuals who have direct responsibility for the administration of TRS and/or TRS support staff for their respective states, state relay advisory council members, and state officials responsible for the oversight of the TRS administrative unit (e.e., Public Service Commission, Commissioners, supervisors and elected/appointed state officials). Your state's NASRA Membership must be current in order to attend the conference. There will be no on-site registration.</p>				
<b>Name of Organization:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State</b>		<b>Zip</b>
<b>Web Site:</b>				
<b>Registrant's Name:</b>				
<b>Title:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State</b>		<b>Zip</b>
<b>Phone</b>	<input type="checkbox"/> TTY <input type="checkbox"/> VP <input type="checkbox"/> CapTel <input type="checkbox"/> Voice			
<b>Fax:</b>				
<b>E-Mail:</b>				
<b>Special Accommodations:</b>				
<b>Special Dietary Needs:</b>				

If you have any questions concerning this invoice, please contact:	
<p>Rochelle Garrow, NASRA Treasurer          Phone, 1-800-657-3599          E-Mail: rochelle.garrow@state.mn.us</p>	<p>Connie Phelps          Montana Telecommunications Access Program          P.O. Box 4210, Helena, MT 59604          (800) 833-8503</p>