

STATE \_\_\_\_\_



## NASRA 2008 State Administrator Conference Registration Form

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone/Video ( ) - \_\_\_\_\_ Video IP Address \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Accommodation(s) Requested \_\_\_\_\_

**The NASRA 2008 Conference fee is \$225.00 per person. Registration and payment must be received on or before August 15, 2008.**

**There will be no on-site registration.**

Please check payment method:

Purchase Order \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Invoice Requested \_\_\_\_\_

**Mail to:**

**Clay Bowen, NASRA Treasurer  
VA Department for the Deaf & Hard of Hearing  
1602 Rolling Hills Drive, Suite 203  
Richmond, VA 23229-5012**

**NASRA Tax ID# 41-1782279**

Note: Use of this form is only for the registration of individuals responsible for the administration of Relay where the State membership is in good standing. Membership is restricted to persons directly responsible for the oversight of state relay services, their staff, state relay advisory council members, and state officials responsible for the management of the relay administrative unit.