04- 830237 [ms-0398.007.010.019] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A3951	NOT NEGOTIABLE				109.10
				TOTAL	109.10

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3982

00721

1. WHITE—TRAVELER
2. YELLOW—C.A.O.
3. PINK—AUDITOR & CONTROLLER
4. GOLDEN ROD—REQUESTING DEPT.
5. BLUE—BOARD OF SUPERVISORS
6. GREEN—REQ. DEPT. FILE COPY

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 3951 CLAIM

AUDITORS NO. TR 050181

DEPT. CAO DIV'N. District IV DATE 03/24/ 19 87

TO THE BOARD OF SUPERVISORS. VIA AUDITOR AND CONTROLLER: (Send Parts 1 thru 5 to Auditor)

TRAVEL REQUEST

1. NAME OF TRAVELER (Last, First, Initial): Williams, Leon
2. TITLE: Supervisor
3. ADDRESS OF TRAVELER: A-6
4. DESTINATION: Sacramento, CA
5. DATE(S) OF MEETING: 04/28-05/01/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: NACO Western Interstate Region Conference
7. ESTIMATE DATE OF: Departure 04/27/87 Return 05/01/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Unanticipated

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0202 28. ACCOUNT: 2356
26. TASK: 29. OPTION:
27. ACT./WK. AUTH: 30. A.E. NO.
RTCD TAX CD COR CD
VNDR NO. 999999 P/C
AUTHORITY

8. This trip ☐ Was ☒ Was Not Specifically Approved by the Board of Supervisors as a Part of Annual Travel Program

10. REQUESTED METHOD OF TRAVEL: ☒ AIR ☐ BUS ☐ RAIL ☐ COUNTY AUTO ☐ RENTED AUTO ☐ PRIVATE AUTO (In Lieu) ☐ OTHER (EXPLAIN)

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

EXPENSE CLAIM

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	5 days		$	$ 129.00
B. LODGING	5 nights			360.00
C. TRANSPORTATION	1 round trip			200.00
D. OTHER (SPECIFY) (1) registration				175.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 864.00

15. Is any part or all of the expenses claimed hereon reimbursable to you or recoverable by the County from any source, either private or public? Yes ☐ No ☒
If answer is Yes, complete Form AUD 115, TR-2. *(See reverse for instructions.)*

16. ACTION BY: ☐ C.A.O. ☐ AUDITOR ☐ APPROVED ☐ RECOMMENDED ☒ REVISED
DATED
CAO or AUDITOR

NOTE: Airplane, Railroad or Bus Tickets MUST BE Obtained From the COUNTY'S TRAVEL AGENT. Unused Tickets Must Be Returned to the Auditor.

17. MEALS	NORMAL MAXIMUM	Date 04/28	Date 04/29	Date 04/30	Date	Date	Total Claimed
BREAKFAST	$ 4.20	$	$ 4.20	$	$	$	$ 4.20
LUNCH	7.20	7.20	7.20				14.40
DINNER	14.00						
FULL DAY MEALS	25.80						
LODGING	50.00	72.00					72.00
ROOM TAX	ACTUAL COST	7.20					7.20
LOCATION CITY		Sacramento, CA					
TAXI	ACTUAL COST						
CAR RENTAL	" "						
AIR FARE	" "	(220.00)					(220.00)
TELEPHONE	" "	11.30					11.30
REGISTRATION FEE	" "	(175.00)					(175.00)
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$ 97.70	$ 11.40	$	$	$	$ 109.10

Jo, please review & have sign. Seja #33 Thanks Helen

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:
Sacramento is a high cost area.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 109.10
—OR—
22. Refund Due County $( )
*25 or less to be paid from Petty Cash

APPROVED: CAO or Asst. CAO or Designee

23. DEPARTURE FROM OFFICE OR RESIDENCE: Time 9:00AM Date 04/28

24. RETURN TO OFFICE OR RESIDENCE: Time 5:00PM Date 05/01

32. TRAVEL REQUEST IS APPROVED AND/OR AUTHORIZED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO.
Date
SIGNED
Clerk of the Board of Supervisors

31. DEPARTMENT APPROVAL

I HEREBY CERTIFY that the travel detailed in the foregoing claim was directed by me for the benefit of my department and was authorized in accordance with law and the ordinances and resolutions of the Board of Supervisors and that the claimant was at the time of the travel an officer, employee or agent of my department.

SIGNED Norman W. Hickey, CAO By:
TITLE

33. THE UNDERSIGNED STATES: that the above claim and the items as therein set out are true and correct, that no part thereof has been heretofore paid that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued or that this is an itemized account of travel expenses previously advanced.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

DATED 05/04/87 at San Diego, CA
SIGNED Leon Williams CLAIMANT

ADM CODE 490 TO 492.1 AND 145 TO 159

1. WHITE—TRAVELER
2. YELLOW—C.A.O.
3. PINK—AUDITOR & CONTROLLER
4. GOLDEN ROD—REQUESTING DEPT.
5. BLUE—BOARD OF SUPERVISORS
6. GREEN—REQ. DEPT. FILE COPY

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 3951 CLAIM

AUDITORS NO. TR 050181

DEPT. CAO DIV'N. District IV DATE 03/24/ 19 87

TO THE BOARD OF SUPERVISORS. VIA AUDITOR AND CONTROLLER: (Send Parts 1 thru 5 to Auditor)

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1. NAME OF TRAVELER (Last, First, Initial): Williams, Leon
2. TITLE: Supervisor
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4. DESTINATION: Sacramento, CA
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7. ESTIMATE DATE OF: Departure 04/27/87 Return 05/01/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Unanticipated

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0202
28. ACCOUNT: 2356
26. TASK:
29. OPTION:
27. ACT./WK. AUTH:
30. A.E. NO.
RTCD TAX CD COR CD
VNDR NO. 999999 P/C
AUTHORITY

8. This trip ☐ Was ☒ Was Not Specifically Approved by the Board of Supervisors as a Part of Annual Travel Program

10. REQUESTED METHOD OF TRAVEL: ☒ AIR ☐ BUS ☐ RAIL ☐ COUNTY AUTO ☐ RENTED AUTO ☐ PRIVATE AUTO (In Lieu) ☐ OTHER (EXPLAIN)

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

EXPENSE CLAIM

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	5 days		$	$ 129.00
B. LODGING	5 nights			360.00
C. TRANSPORTATION	1 round trip			200.00
D. OTHER (SPECIFY) (1) registration				175.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 864.00

15. Is any part or all of the expenses claimed hereon reimbursable to you or recoverable by the County from any source, either private or public? Yes ☐ No ☒
If answer is Yes, complete Form AUD 115, TR-2.
(See reverse for instructions.)

16. ACTION BY: ☐ C.A.O. ☐ AUDITOR
☒ APPROVED ☐ RECOMMENDED ☒ REVISED
DATED
CAO or AUDITOR

NOTE: Airplane, Railroad or Bus Tickets MUST BE Obtained From the COUNTY'S TRAVEL AGENT. Unused Tickets Must Be Returned to the Auditor.

17. MEALS	NORMAL MAXIMUM	Date 04/28	Date 04/29	Date 04/30	Date	Date	Total Claimed
BREAKFAST	$ 4.20	$	$ 4.20	$	$	$	$ 4.20
LUNCH	7.20	7.20	7.20				14.40
DINNER	14.00						
FULL DAY MEALS	25.80						
LODGING	50.00	72.00					72.00
ROOM TAX	ACTUAL COST	7.20					7.20
LOCATION CITY		Sacramento, CA					
TAXI	ACTUAL COST						
CAR RENTAL	" "						
AIR FARE	" "	(220.00)					(220.00)
TELEPHONE	" "	11.30					11.30
REGISTRATION FEE	" "	(175.00)					(175.00)
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$ 97.70	$ 11.40	$	$	$	$ 109.10

Jo, Please review & have sign. Sign #53. Thanks Melba

18. REMARKS:

19. JUSTIFICATION STATEMENT – UNUSUAL COSTS:
Sacramento is a high cost area.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 109.10
—OR—
22. Refund Due County $( )
*25 or less to be paid from Petty Cash

APPROVED:
CAO or Asst. CAO or Designee

23. DEPARTURE FROM OFFICE OR RESIDENCE: Time 9:00AM Date 04/28

24. RETURN TO OFFICE OR RESIDENCE: Time 5:00PM Date 05/01

32. TRAVEL REQUEST IS APPROVED AND/OR AUTHORIZED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO.
Date
SIGNED
Clerk of the Board of Supervisors

31. DEPARTMENT APPROVAL
I HEREBY CERTIFY that the travel detailed in the foregoing claim was directed by me for the benefit of my department and was authorized in accordance with law and the ordinances and resolutions of the Board of Supervisors and that the claimant was at the time of the travel an officer, employee or agent of my department.
Norman W. Hickey, CAO
SIGNED By:

33. THE UNDERSIGNED STATES: that the above claim and the items as therein set out are true and correct, that no part thereof has been heretofore paid that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued or that this is an itemized account of travel expenses previously advanced.
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:
DATED 05/04/87 San Diego, CA

NACO REGISTRATION CENTER-WIR-
NACO WESTERN INTERSTATE REGION CONFERENCE
P.O. BOX 17413 DULLES INT'L AIRPORT
WASHINGTON, D.C. 20041

Invoice

INVOICE No. 4011041

INVOICE DATE APRIL 08, 1987

SOLD TO
LEON WILLIAMS
SAN DIEGO COUNTY
1600 PACIFIC HIGHWAY
ROOM 335
SAN DIEGO, CA 92101

SHIPPED TO

NACO WESTERN INTERSTATE REGION CONFERENCE
LEON WILLIAMS IS REGISTERED AS:

ADVANCE	$ 0.00
MEMBER	175.00

PAYMENTS RECEIVED: RB798567 $175.00 THANK YOU!

FULL PAYMENT RECEIVED--THANK YOU!!

PLEASE CAREFULLY REVIEW THIS DOCUMENT, THEN RETAIN A COPY TO
PRESENT AT YOUR ASSIGNED HOTEL: RED LION MOTOR INN (916) 929-885
(ARRIVAL: 04/27/87 DEPARTURE: 05/01/87)

Closed 4/27/87 4/28/87 4/29/87 Confirmed 4/27/87

RED LION MOTOR INN®

2001 POINT WEST WAY SACRAMENTO, CALIFORNIA 95815
(916) 929-8855

TRANSFER TO CREDIT LEDGER

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OF THE FULL AMOUNT OF THESE CHARGES.

GUEST'S SIGNATURE _____

CHARGE TO _____ (PLEASE PRINT)

STREET _____

CITY - STATE _____ ZIP _____

PHONE _____

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALANCE
04/28/87	2:34PM	00:16 6192364444	11.30		
04/28/87		ROOM CHARGE FOR 511	72.00		
04/28/87		ROOM TAX	7.20		
04/29/87	LT	AMERICAN EXPRESS		90.50	0.00

American Express # 3732-130025-31000

Thank You

GUEST SIGNATURE _____

PLEASE INDICATE METHOD OF PAYMENT:

- ☐ AMERICAN EXPRESS
- ☐ VISA
- ☐ THUNDERBIRD / RED LION
- ☐ MASTERCARD
- ☐ DINERS
- ☐ CARTE BLANCHE
- ☐ _____

ACCOUNT NO.	PAGE NO.	RATE	ADDITIONAL RATE	ARRIVAL DATE	DEPARTURE DATE	ACCOM. CODE	NO. PERSONS	ADV. DEP. OR PREPAYMENT	
351247A	1	72.00		04/28/87	04/29/87	QQ	1		

WILLIAMS, LEON
1600 PACIFIC HWY/RM 335
SAN DIEGO, CA 92101

ROOM #	ROOM #	GROUP #	PHONE #
511		NACO	619-236-4444

TIME ARRIVE 11:54AM

TIME DEPART 02:07PM

RED LION MOTOR INN.
2001 POINT WEST WAY
SACRAMENTO, CA 95815
(916) 929-8855

TRAVEL AGENTS INTERNATIONAL T.M.

PSA 6:55P 4/29/87

A3951

ACCT NO	DATE	PAGE	INVOICE
1074	24 APR 87	1	00305

SAN DIEGO COUNTY 2170
WILLIAMS/LEON MR
1600 PACIFIC HWY,ROOM 306
SAN DIEGO, CA 92101

BOARD OF SUPERVISORS
ADMINISTRATION CENTER
1600 PACIFIC HIGHWAY

Rm: ~~[illegible]~~ 335

DATE	CITY-AIRPORT	TIME	AIRLINE	FLIGHT/CL	SEAT	MEAL
28APR TUE	LV SAN DIEGO, CA	1008A	PSA	583Q		
	AR SACRAMENTO, C	1127A				
01MAY FRI	LV SACRAMENTO, C	240P	PSA	588Q		
	AR SAN DIEGO, CA	401P				

#584 @ 6:55P on 4/29/87

ACCESS NO. 365 3973 1037
IN CASE OF EMERGENCY CALL 1-800-237-1258
SEATS HAVE BEEN RESERVED 3C AND 6D

WILLIAMS/LEON MR TKT # 5207920460218 $ 220.00
A3951

TOTAL $ 220.00

PSA 6:55P 4/29/87

PLEASE RECONFIRM RETURNING AND CONTINUING RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS.
WE SUGGEST YOU RECONFIRM 48 HOURS IN ADVANCE FOR DOMESTIC FLIGHTS.

TICKETS HAVE VALUE, IF UNUSED. PLEASE RETURN FOR CREDIT OR REFUND

"COUNTIES CAN!"

1987 CSAC LEGISLATIVE CONFERENCE

April 21-23, 1987
Capital Plaza Holiday Inn,
300 J Street, Sacramento

Transportation Information

CSAC is pleased to designate PSA as its official air carrier for the 1987 Legislative Conference. To take advantage of the special fares, please make your reservations through Sierra Travel by calling collect (916) 782-3600 or (916) 969-3400.

Be sure to mention you are attending the CSAC meeting in order to receive the special convention one-way fare.

Bay Area/Sacramento	$27.00
Los Angeles Basin/Sacramento	62.00
Monterey/Sacramento	32.00
Orange County/Sacramento	68.00
San Diego/Sacramento	73.00

The skyline airporter meets all incoming flights at the Sacramento Metropolitan Airport and serves the Capital Plaza Holiday Inn at a cost of $5.50 one way. Taxi service is available at a cost of up to approximately $17.00 one way. For transportation from the hotel back to the airport, the airporter leaves the Capital Plaza Holiday Inn every half hour. Check with the concierge for the exact schedule.

NATIONAL ASSOCIATION of COUNTIES

440 First St. NW, Washington, DC 20001
202/393-6226

GENERAL INFORMATION MEMORANDUM

On behalf of the National Association of Counties, thank you for registering to attend the Western Interstate Region Conference, April 28 - May 1, 1987, in Sacramento, CA.

Enclosed you will find our acknowledgment of your conference registration which includes your current registration payment status as well as the name of the hotel property to which you have been assigned if you requested housing on your registration form. Please review this acknowledgment.

Please take an additional moment to read the following information carefully as it could make your participation in this event easier and more productive:

1. The hotel requires a room deposit equal to their charge for one night's stay in advance in order to hold your room for arrival after 6:00PM! Once you have received a written acknowledgment from the NACo Conference Registration Center indicating the hotel property to which you have been assigned housing, your room deposit can be made in several ways:

   a. If you have completed the "Credit Card Authorization" section of the Conference Registration Form you returned to the NACo Conference Registration Center, then we have forwarded your credit card authorization to the indicated hotel. IF YOU DID NOT COMPLETE THE "CREDIT CARD AUTHORIZATION" SECTION...you must contact the NACo Conference Registration Center directly and give us your credit card room guarantee information.

      REMEMBER THIS "CREDIT CARD AUTHORIZATION" ONLY AUTHORIZES THE HOTEL TO AUTOMATICALLY CHARGE YOUR CARD THE AMOUNT OF ONE NIGHT'S ROOM CHARGE + TAX...IF YOU FAIL TO SHOW UP TO CLAIM YOUR ROOM ON THE INDICATED ARRIVAL DAY OR IF YOU CANCEL YOUR ROOM RESERVATION AFTER THAT PARTICULAR HOTEL'S RESERVATION CANCELLATION DEADLINE.

   b. Send a check or money order for the appropriate amount directly to the hotel property indicated.

   c. Send an official purchase order, claim or voucher made out to that particular property directly to the indicated hotel in advance.

2. All attendees are responsible for their individual hotel bills upon checkout. These bills must be paid by cash, check, money order or credit card UNLESS you have received advanced written approval directly from the hotel for DIRECT BILLING.

(OVER)

If you desire the hotel to DIRECT BILL you, they must have a voucher, purchase order, claim or letter written on official letterhead far enough in advance for their credit department to approve such direct billing. Please include in your request:

a. Specific billable items, i.e., room, tax, incidentals, etc.

b. Your accounting contact name and telephone number.

c. Complete billing address.

3. Changes to your hotel reservation requests must be made through the NACo Conference Registration Center IN WRITING prior to April 8, 1987. After April 18, 1987 you may make your changes directly with the appropriate hotel. Be Careful!! Be sure to note the day, time and name of the person at the hotel to whom you gave the change. If you are cancelling your room reservation after April 18, 1987 be sure to get a CANCELLATION NUMBER from the hotel also. In all cases, please call the NACo Conference Registration Center....(703) 471-6180....to advise us of your change or cancellation as well.

Again, thank you for registering to attend the NACo's Western Interstate Region Conference. If we can be of any assistance, please contact the NACo Conference Registration Center at (703) 471-6180 or P. O. Box 17413, Dulles International Airport, Washington, DC 20041.

RED LION INN
2001 Point West Way
Sacramento, CA 95815
(916) 929-8855

Dear WIR/NACo Conference Delegate,

Two wonderful tours have been planned for the day-time diversion of your spouse during the Sacramento meeting, April 28 - May 1. In order to facilitate local planning, please review the tour itineraries and return the tear-off portion of this sheet by April 21. Transportation and admission fees to various attractions are courtesy of Sacramento County; lunches are not included.

Tour I

Wednesday, April 29
Departure: 9:15 A.M.
Return: 4:30 P.M.

Tour I is an outing to two picturesque foothill cities in the heart of California's Gold Country. Participants will have an opportunity to visit the Empire Mine (one of the oldest, largest, and most productive mining operations in California) as well as the famous Bourne baronial estate and gardens in Grass Valley. The next stop is Nevada City, which is an antique-lover's delight noted for many fun luncheon places.

Tour II

Thursday, April 30
Departure: 8:45 A.M.
Return: 3:00 P.M.

Tour II is an in-depth visit into Sacramento history featuring docent-led tours of the recently restored State Capitol, the Crocker Art Museum, and the Sacramento History Center. The tour begins with stops to see and hear about Sutters Fort and the original Governors Mansion and concludes with ample time for shopping and lunching in charming Old Sacramento.

Please return by April 21 to the Sacramento County Board of Supervisors, P.O. Box 13833, Sacramento, CA 95853. Thank you.

WIR/NACo Conference Spouse Program

Reservation Form

_____ Tour I - Gold Country
Wednesday, April 29

_____ Tour II - Historic Sacramento
Thursday, April 30

_____
Name

National Association of Counties

Western Interstate Region Conference

Red Lion Motor Inn
Sacramento County (Sacramento), California
April 28–May 1, 1987

■ CONFERENCE REGISTRATION / Postmark Deadline is March 30, 1987

(PLEASE READ CAREFULLY BEFORE COMPLETING AND RETURNING FORM)

Conference registration fee MUST accompany this registration form. Send a check, voucher, or the equivalent made payable to the National Association of Counties. Return completed form with payment by March 30, 1987 to NACo Conference Center, P.O. Box 17413, Dulles International Airport, Washington, D.C. 20041.

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on the conference badge.

	First Name	Last Name
*Name	LEON	WILLIAMS
*Nickname		
*Title	SUPERVISOR, FOURTH DISTRICT	
*County	SAN DIEGO	
Address	1600 Pacific Highway, Rm 335 (A500)	
City	San Diego	*State CA Zip 92101
Phone	(619) 236-4444	
Registered Companion:	First Name	Last Name
Registered Youth:	First Name	Last Name

☐ YES, I would like travel assistance from the NACo Conference Travel Center

■ HOUSING REGISTRATION / Postmark Deadline is March 30, 1987

Delegates are eligible for specially priced hotel accommodations. Special conference room rates will be available to all delegates whose registration is postmarked by March 30, 1987. To accommodate special needs (e.g., wheelchair accessible rooms) please contact the NACo Conference Registration Center at (703) 471-6180.

NOTE: You must have completed and returned both a CONFERENCE REGISTRATION FORM and full payment of the conference registration fees or a county purchase order, voucher or claim BEFORE we can process your housing request. Thank you.

XX Please make my hotel reservations as indicated below. ☐ I will make my own housing arrangements.

	First Name	Last Name
Room occupant	LEON	WILLIAMS
Co-occupant	First Name	Last Name

Arrival date April 27, 1987 Time _____

Departure date May 1, 1987 Time _____

Special housing request _____

Housing disability needs _____

Red Lion Motor Inn—Sacramento: *(PLEASE CIRCLE YOUR DESIRED ROOM RATE)*

SINGLE: $72 DOUBLE: $82

DO NOT SEND HOUSING DEPOSITS WITH CONFERENCE REGISTRATION PAYMENTS!

Follow the "Housing Deposits" instructions below.

(Suite information available from NACo Conference Registration Center.)

■ AFFILIATE INFORMATION: *(Please check the affiliated groups to which you belong)*

☐ NACRC	☐ NACAP	☐ NACE	☐ NCECE	☐ NACCDD	☐ NACHSA	☐ WON
☐ NACTFO	☐ NACPRO	☐ NACCAE	☐ CIC	☐ NACHFA	☐ NACIO	☐ NABCO
☐ NACTEP	☐ NACCA	☐ NACDPA	☐ NACA	☐ NACHO	☐ NACPD	☐ ICMA

■ CREDIT CARD AUTHORIZATION

Credit card company American Express

Card number 373213002531000 Expiration date 4/88

The NACo Housing Center and/or the NACo Conference Travel Center is authorized to use the above card to guarantee my hotel reservations and/or to issue airline tickets reserved by me to attend this conference. I understand that one night's room charge will be billed through this card if I fail to arrive for my assigned housing at the confirmed date unless I have cancelled my reservation with the hotel at least 48 hours in advance. I also understand that I may return any unused tickets for travel purchased by this card for full refund as a result of this cancellation unless the fare terms published by the airline carry a cancellation penalty.

Cardholder's signature _____ Date _____

For further registration or housing information, call the NACo Conference Registration Center, (703) 471-6180. No registrations or reservations can be accepted by telephone.

■ HOUSING DEPOSITS

(Please read carefully the following new information on hotel room guarantees.)

A mandatory room deposit is required in an amount equal to one night's room charge. It is hotel policy that each room reservation be guaranteed by either of the two following methods:

1. Complete the Credit Card Authorization section of this registration/housing form. The NACo Conference Registration Center can guarantee your room with the hotel by your credit card. This is the easiest way to guarantee your room reservation.
2. Forward a check, money order, claim, purchase order, or voucher directly to the hotel indicated on the Conference Registration/Housing Acknowledgement you will be receiving from the NACo Conference Registration Center.

Remember, the easiest way to guarantee your reservation is to use method #1. If you use method #2 be sure you mail your guarantee deposit to the appropriate hotel *within five working days* after you receive your official NACo Conference Registration/Housing Acknowledgement from the NACo Conference Registration Center. The hotel may, at its own discretion, refuse to accept or cancel any reservation that does not have a one night's guarantee deposit.

Remember, this room guarantee charge will not be applied to your credit card unless you do not show up to claim your room at the assigned hotel on the day you indicated on your registration form or unless you cancel your room reservation within the "room cancellation penalty period" for your particular hotel. This room cancellation penalty period may vary with the particular hotel.

The NACo Conference Registration Center *cannot accept any housing guarantee deposits* in the form of checks, money orders, claims, purchase orders or vouchers.

■ REGISTRATION FEES

Check the box that corresponds with your registration category:

	Postmarked By March 30, 1987	LATE REGISTRATION FEES Postmarked After March 30, 1987 and on-site registration
Member county attendee	XX $175	☐ $200
Nonmember county attendee	☐ $225	☐ $250
Other government attendee	☐ $225	☐ $250
Other attendee (private sector)	☐ $250	☐ $275
Companion	☐ $ 50	☐ $ 50
Youth	☐ $ 30	☐ $ 30

NOTE: ALL REGISTRATIONS POSTMARKED AFTER MARCH 30 WILL BE PROCESSED AT THE ON-SITE DESK DURING THE CONFERENCE.

■ CONFERENCE REGISTRATION CANCELLATION POLICY

(Postmark deadline: April 10, 1987)

Refund of conference registration fees LESS an administrative fee of $30.00 will be made if written notice of conference registration cancellation is postmarked no later than April 10, 1987.

DO NOT SEND any housing deposits along with CONFERENCE REGISTRATION FEE PAYMENTS to the NACo Conference Lockbox! CONFERENCE REGISTRATION FEE PAYMENTS ONLY . . . PLEASE.