



## NATIONAL BLACK STATE TROOPERS COALITION CONFERENCE REGISTRATION FORM

<p>Conference Rates:</p> <p><b>\$275.00 Members in good standing</b></p> <p><b>\$200.00 Members retiring in fiscal year 2010-2011</b></p> <p><b>\$175.00 Members registering on Friday</b></p> <p><b>\$300.00 NON-Member and/or Members not in good standing</b></p> <p><b>\$185.00 Spouse/Guest</b></p> <p><b>\$75.00 late fee after July 15, 2011</b></p> <p><b>**MEMBERS IN GOOD STAND MUST REGISTER BEFORE ****</b></p> <p>JULY 1, 2011 TO BE ELIGIBLE TO WIN REGISTRATION PRIZES: \$100.00 Cash and One Complimentary Night off Stay at <b><i>The Palms Hotel and Spa , Miami Beach, Florida</i></b></p> <p>AMOUNT PAID: _____</p>	<p>Make checks payable to: NBSTC</p> <p>Mail Registration form to:</p> <p><b>NBSTC</b> <b>Office of the Treasurer</b> <b>Ardis Cross</b> <b>P.O. Box 866</b> <b>Hazel Crest, IL. 60429</b></p> <p>Or pay and Register on-line via Paypal <a href="http://www.nbstc85.org">www.nbstc85.org</a></p> <ul style="list-style-type: none"><li>• When paying on-line keep and record confirmation number.</li></ul>
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Registration Prizes- Only NBSTC Members in good standing are eligible to compete for the prizes. This registration form must be complete and the winner must be register at The Palms Miami Beach, Florida. Members registering on Friday will not be eligible to win. The drawn will be held Friday, August 5, 2011at the NBSTC Banquet.

All requests for refunds must be in writing and received no later than July 10, 2011, at NBSTC, Inc. at P.O. Box 66464, Baton Rouge, Louisiana 70896. Any cancellations after July 15, 2011 will incur a cancellation fee of \$50.00. No refunds returned after July 20, 2011.

**CHECK ONE:** ( ) MEMBER IN GOOD STANDING ( ) NON-MEMBER ( ) Spouse /Guest ( ) Child under 12

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

State or Chapter: \_\_\_\_\_ Current Office Held \_\_\_\_\_

Pay Pal Confirmation Number(s): \_\_\_\_\_ Date \_\_\_\_\_

Hotel Confirmation Number: \_\_\_\_\_ Date \_\_\_\_\_

( ) Special Diet: \_\_\_\_\_ ( ) Special Need(s): \_\_\_\_\_

YOUR REGISTRATION FORM IS AUTHORIZATION TO POST YOUR PHOTPGRAPH ON WWW.NBSTC85.ORG

**EACH ATTENDEE MUST COMPLETE A REGISTRATION FORM**

[WWW.NBSTC85.ORG](http://WWW.NBSTC85.ORG)