

**Hilton Garden Inn**

**1225 First Street Northeast Washington, DC 20002**

**Phone: (202) 408-4870**

**New Perspectives Training Conference**

**Attendees Registration Form**

**April 27-29, 2015**

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| **E-mail/Mail completed form and payment to:**  **FEDs and FEDQ – New Perspectives**  **P.O. Box 2185**  **Montgomery Village, MD. 20886**  **Email:** [**2015NTP@fedq.org**](mailto:2015NTP@fedq.org)  **Web Site:** [**www.fedsfirst.com**](http://www.fedsfirst.com) **/** [**www.fedq.org**](http://www.fedq.org) |

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| **Registrants Information** |
| Name: (Last) (First) (MI) |
| Mailing Address City: State: Zip: |
| Phone No: Member of: FEDs FEDQ Neither |
| Job/Position/Title: |
| Agency/Company/Organization: |
| E-mail Address: |
| Please state any accommodations needed: |

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| **Billing Information** |
| Credit Card No.: Expiration Date: Security Card Code:  Visa Master Card |
| Cardholder’s name as it appears on the card: |
| Billing Address: City: State: Zip: |

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| **Registration Category – Please Check Appropriate Box** | | |
|  | Member | Non Member |
| NTP Registration | $400 | $425 |
| Late/On-site Registration (After March 20, 2015) | $525 | $550 |
| Special group discount: 5+ registrations (each) | $400 | |
| Special group discount: 10+ registrations (each) | $350 | |
| Special group discount: 15+ registrations (each) | $300 | |

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| |  | | --- | | CANCELLATION POLICY: Cancellation requests for registration and tickets must be received by March 15, 2015; no refunds will be accepted after this date. All registration cancellations are subject to a US $50.00 service fee. All cancellation requests must be submitted in writing to [**2015NTP@fedq.org**](mailto:2015NTP@fedq.org)with “cancellation” in subject heading. Phone cancellations will not be accepted. FEDs will refund registration and ticket fees if the 2015 National Training Program is cancelled but takes no responsibility for travel or other related costs incurred by members and guest. Registration and tickets are transferable. | |

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| CONFERENCE USE ONLY | | |
| Payment by: (Check One) | Date Received: | Amount |
| Certified Check or Money Order No: | PO/Auth. No: | Invoice No: |
| Receipt No.: | Items Received: Event Ticket Name Tag Registration Packet | |

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