2015 Western Interstate Region Conference
May 20-22, 2015
Kaua‘i County/Kaua‘i, Hawai‘i

SPOUSE/GUEST REGISTRATION FORM

Registered Attendee Name: _________________________________________

• Note: Spouse/Guest registration cannot be processed without the attendee name.

Fees/Information
Spouse/Guest and Youth registration fees include admission to all General Sessions, Attendee Lunches and the Closing Banquet.

<table>
<thead>
<tr>
<th>Early Bird</th>
<th>Advance</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received by 4/8</td>
<td>4/9-5/19</td>
<td>in Kaua‘i</td>
</tr>
<tr>
<td>Spouse/Guest</td>
<td>□ $130</td>
<td>□ $150</td>
</tr>
<tr>
<td>Youth</td>
<td>□ $130</td>
<td>□ $150</td>
</tr>
</tbody>
</table>

Spouse/Guest Full Name:
• If you are a County or Corporate employee, you may not register as a guest or spouse.
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

Youth(s) Full Name:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

Address __________________________________________________________

City _________________________ State ___________ Zip_________________

NACo is continuing its efforts to be “green”. Please indicate if you would like to receive a Conference Bag and one will be ordered for you.

□ Yes, I would like to receive one. □ No thank you.

PAYMENT METHOD  Total Amount Due:

□ Check □ Visa □ MasterCard □ American Express □ Discover

Card Number ______________________________________________________
Exp. Date ______________________________________________________
Cardholder’s Name _______________________________________________
Signature ______________________________________________________

Your signature authorizes NACo to charge your credit card for the total amount due.

Please fax your completed form to: (866) 741-5129

Mail checks to:
NACo Registration Center
PO Box 79007
Baltimore, MD  21279-0007