



GENERAL INFORMATION

Prefix: _____ First Name: _____ MI: _____ Last Name: _____

Badge Name (if different from above): _____

Organization / Company: _____ Title: _____

Street Address: _____ City: _____ State: _____ Postal Code: _____

Country: _____ E-mail: _____

Telephone: _____ ** If outside U.S., please include entire phone number (country code, etc.)

I am attending a NACM conference for the first time.

Please indicate any physical or dietary needs that require special attention. _____

Emergency Contact Name: _____ Phone: _____

Please supply emergency contact information that can be used **24 hours a day** - for example, do not supply a phone number only answered during business hours.

REGISTRATION SELECTION & FEES—GROUP (10 or More)

MEMBER (CURRENT NACM MEMBER): \$585 \$ _____

NON-MEMBER (NOT A CURRENT NACM MEMBER): \$710 \$ _____

Group Name: _____

Admission to the events listed below are included in the registration fee for participants.

Guest fees are for individual social events only and do not include admission to educational sessions.

*****GUEST MUST HAVE TICKET FOR EACH EVENT TO ATTEND**

	Your Guest		Your Guest
Welcome Reception (Sunday, July 10)	<input type="checkbox"/> (\$50)	Exhibitor Hall Lunch (Wednesday, July 13)	<input type="checkbox"/> (\$55)
Business Meeting Lunch (Monday, July 11)	<input type="checkbox"/> (\$55)	Business Meeting Breakfast (Thursday, July 14)	<input type="checkbox"/> (\$45)
Social Event (Tuesday, July 12)	<input type="checkbox"/> (\$75)		

Name of Accompanying Guest _____ Subtotal for Guest \$ _____

In order to guarantee a ticket for your guest at any/all social events you must register and pay the full registration fee for your guest prior to the conference.
REGISTRATION FEE MUST BE PAID IN FULL PRIOR TO CONFERENCE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. TOTAL FEES \$ _____

SUBSTITUTION (if applicable)

If you are replacing a confirmed participant, please note that substitutes must complete a registration form which should be submitted by mail or fax. Please indicate the name of the person you are replacing below.

Person being replaced: _____

PAYMENT METHOD

Enclosed is my check for \$ _____ payable to NACM (Federal Tax ID #54-1327921)

Charge \$ _____ to American Express MasterCard VISA

Card Number: Provide Number to Call for Credit Card Info _____

Expiration Date: MONTH _____ YEAR _____

Signature (Required) _____

Please Complete and E-mail to:
conferences@ncsc.org

National Association for Court Management
CONFERENCE SERVICES
300 Newport Avenue
Williamsburg, VA 23185-4147
(888) 609-4023

CANCELLATION POLICY: CANCELLATIONS AND REFUND REQUESTS MUST BE MADE IN WRITING BY FRIDAY, JUNE 24, 2022. CANCELLATION REQUESTS RECEIVED BY FRIDAY, JUNE 24, 2022 WILL BE ISSUED A REFUND LESS A \$100.00 PROCESSING FEE. NO REFUNDS OR TRANSFERS WILL BE GIVEN AFTER FRIDAY, JUNE 24, 2022 OR FOR NO SHOWS.

**NATIONAL ASSOCIATION FOR COURT MANAGEMENT COVID-19 WAIVER AND
RELEASE**

COVID-19 has been declared a worldwide pandemic by the World Health Organization. While the state of medical knowledge is evolving, COVID-19 is extremely contagious and is believed to spread by person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. While participating in events sponsored by the National Association for Court Management (NACM), social distancing must be practiced, and face coverings worn at all times to reduce the risk of exposure. Even with these and other preventive measures that have been put in place, NACM cannot guarantee that its participants, volunteers or others in attendance will not become infected with COVID-19. Thus, attendees agree that they are personally responsible for their actions and safety while attending NACM sponsored events.

ASSUMPTION OF THE RISK. I have read and understand the above warning regarding COVID-19. Having done so, I hereby choose to accept the risk of contracting COVID-19 for myself and/or my family and children. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of NACM. I hereby knowingly assume the risk of injury, harm and loss associated with attendance at NACM sponsored activities, including injury, harm and loss caused by the negligence, fault, or conduct of any kind by NACM.

WAIVER OF LIABILITY. I hereby forever release, waive and discharge any and all liability, claims, demands of whatever kind or nature, and the right to bring law suits against NACM, including without limitation, its officers, directors, agents, and other representatives, to the fullest extent permissible by law, in connection with exposure, infection, and/or spread of COVID-19 related to attendance at NACM sponsored events and activities. I understand that this waiver means that I give up my right to bring any claims including for personal injuries, death, disease, property and economic loss, and any other loss, including but not limited to claims of negligence, and further, I give up any claim that I may have to seek damages, whether known or unknown, foreseen or unforeseen. This waiver is binding upon my heirs, assignees, next of kin and/or legally appointed or designated representatives.

I HAVE READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING THE LIABILITY DESCRIBED ABOVE:

Signature: _____

Date: _____

Name (printed): _____