**CONFERENCE REGISTRATION FORM**

**REGISTRATION INFORMATION**
Attendee registration fee includes all educational sessions, receptions, meals, transportation to events listed in the program and use of the hospitality suite.

**LODGING**
Rooms at the Sheraton Atlanta Hotel have been guaranteed at the rate of $199 per night, plus applicable state and local taxes, single or double occupancy. For reservations, call (800)-325-3535 and state that you are with the National Association of Women Judges (NAWJ). Reservations must be made on or before **September 18, 2017**, to guarantee the NAWJ conference rate. Early booking is recommended since room blocks may fill up before the cut-off date.

**CANCELLATIONS**
**NEW**: No refunds after September 12, 2017. Registrants who need to cancel must inform NAWJ before September 12 in order to receive a refund.

**LATE REGISTRATION**
**NEW**: Registrations received within 30 days of, including onsite, at the conference, will pay the Regular rate plus a late fee of $50.

**REGISTRATION (You may also register online at www.NAWJ.org)**
Please print your name and title as you wish them to appear on your name badge.
Name: __________________________________________ Title: __________________________
Court/Organization: __________________________________________ City: __________________________ State/Zip: ______________
Phone: __________________ Fax: __________________ Email: __________________

**Additional Registrant**: Name: __________________________________________ Title: __________________________
Special dietary needs:  Vegetarian__________ Other__________
Require aids or services?: Audio__________ Visual__________ Mobility__________

**REGISTRATION FEES**

- _____ First Time Member Attendee Rate: $595 *
- _____ Member Rate: $695*
- _____ Non-Member Attendee Regular Rate: $795 *

Total: _______  **A $50 late registration fee will be charged post September 12, 2017**

**METHOD OF PAYMENT** (Payment due at time of registration)
Enclosed is a check payable to NAWJ for $_________ or Credit Card: MasterCard, Visa or AMEX
Account Number: __________________________ Expiration: __________ Security Code: ______
Signature/Name on card________________________________________

Send/Contact:
Yves Dinte
National Association of Women Judges
Email: accounting@nawj.org