



Board Member Training—Registration Form

February 26-27, 2019

Date: _____

Name: _____
First Middle Last

Address: _____
Street/PO Box City State Zip

Office Phone: _____ Cell Phone: _____ Email: _____

Name of Regulatory Board: _____

Your Title: _____

Board Address: _____
Street/PO Box City State Zip

Board Phone: _____ Fax: _____ Website: _____

Please check all that apply:

- | | | |
|--------------------|--------------------------|--|
| Board Member | <input type="checkbox"/> | Date of Initial Appointment: _____ |
| Public Member | <input type="checkbox"/> | Expiration Date of _____ Current Term: _____ |
| Board Chair | <input type="checkbox"/> | First Term <input type="checkbox"/> Second Term <input type="checkbox"/> (check one) |
| Board Staff Member | <input type="checkbox"/> | Number of Board Meetings Attended: _____ |

PAYMENT: Check (Make payable to "The Conference") Visa MasterCard Discover

\$200.00 (with Annual Meeting Registration)

Card number: _____ - _____ - _____ - _____ Exp: _____ CSC: _____

Signature: _____

Mail or E-mail Completed form to:

The Conference
1885 Shelby Lane
Fayetteville, AR 72704

Fax: 479-442-7090 E-mail: services@theconferenceonline.org
(Training spots are assigned on a first-come-first-serve basis—please register early!)