

www.acsss.org

North Carolina Capitol

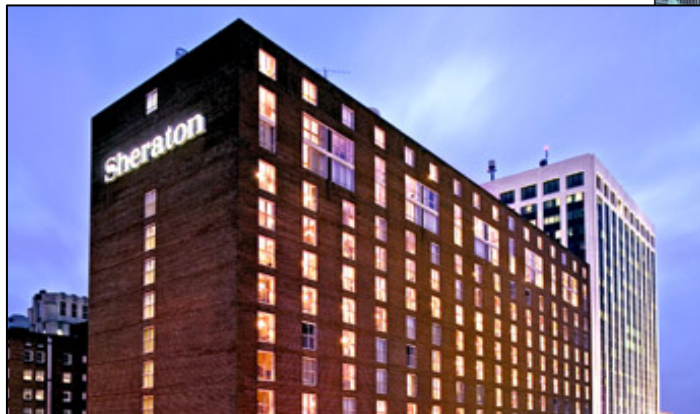


Governor's Mansion

Durham Bulls Ballpark



Sheraton Raleigh Hotel



American Council of State Savings Supervisors 21th Annual Forum

Sheraton Raleigh Hotel
421 S. Salisbury Street
Raleigh, NC

Sunday, August 27, 2006 – Wednesday, August 30, 2006

American Council of State Savings Supervisors 21th Annual Forum

Registration Form

Sheraton Raleigh Hotel, 421 S. Salisbury Street, Raleigh, NC

August 27-30, 2006

www.sheraton.com/raleigh

FULL PACKAGE PRICE – Member Rate \$ 1300/Non Member Rate \$1400 per person includes 3 nights single/double occupancy (Sunday, Monday, Tuesday), Sunday night reception, Monday barbecue and baseball, daily breakfasts, breaks, lunches and education programs.

LOCAL PACKAGE PRICE (for Raleigh, NC residents only) -- Member rate -- \$700/ Non Member Rate \$800 per person includes all the above except lodging.

MONDAY BARBECUE AND BASEBALL – GUEST ONLY – \$50 per person (Please see Payment Method to reserve guest seat)

Please copy this form for additional registrant's information. If you wish to complete this electronically, press your "insert" key so you are in overwrite mode. You will still need to print the finished form, sign the below agreement and fax/mail it to ACSSS.

Name _____ First Name for Badge _____

Title Senior Examiner _____

Organization/Institution _____

Address _____

City/State/Zip _____

Telephone: _____ Fax: _____ Email: _____

Are you bringing a guest? Yes NO

Guest Name: _____

HOTEL ACCOMMODATIONS

Your spirits will soar as high as the hotel's sun-filled atrium upon entering the Sheraton Raleigh. Located in the heart of downtown Raleigh, the Sheraton has 355 of the most luxurious guest rooms in the city. ACSSS will make a reservation for you at Sheraton Raleigh Hotel. Please indicate your arrival and departure dates below. A few rooms have been reserved for Saturday, August 26 at the Forum rate. Please indicate if you need a Saturday night room and pay for the Saturday night room separately upon your arrival.

Arrival Date _____ Departure Date _____

Single Double Non -Smoking Smoking Handicapped Room

Forum Saturday Hotel Rate - Single - \$59.75 does not include tax Double - \$99.75 does not include tax

Hotel Registration Deadline – ACSSS' room block will be released at close of business August 4, 2006.. After that date, the ACSSS hotel rate will apply based on availability.

If you have any special needs, please contact ACSSS at 703.669.5440 or indicate here. _____

WHAT TO WEAR

The dress is business casual. Monday's Barbecue and Baseball is a very casual picnic affair.

TRAVEL INFORMATION

For driving directions please call the Sheraton Hotel at 919.834.9900.

PAYMENT METHOD

Full Package Price: Rate is quoted per person. Includes hotel stay (Sun - Wed.), Welcome reception, 2 breakfasts, 2 lunches, 4 am/pm breaks, Monday night barbecue and baseball, all education sessions and other costs associated with the Forum.

Local Package Price: Rate is quoted per person. Includes all the above except overnight accommodations.

Full Forum Registration	Member	\$1300 per person	x _____	#people	= _____
	Non Member	\$1400 per person	x _____	#people	= _____
Local Attendee Registration	Member	\$700 per person	x _____	#people	= _____
	Non Member	\$800 per person	x _____	#people	= _____
Monday night event guest only		\$ 50 per person	x _____	#people	= _____
					Total Due: \$ _____

Make checks payable to: ACSSS and have checks mailed to: ACSSS, ATT: Andrea Falzarano, P.O. Box 1904, Leesburg, VA 20177. The registration form should be mailed or faxed (703.669.5441) to the ACSSS office.

DEADLINE TO REGISTER: August 18, 2006
Hotel Room deadline: August 4, 2006 (After this date room based on availability)

Cancellation Policy

1. Cancellation deadline is August 18, 2006. Cancellations after the deadline may result in a \$500 per registration cancelled fee. There will not be any refund for no shows.
2. Telephone reservations will not be accepted.
3. **Limitation of Liability:** In partial consideration for accepting and processing this registration application and permitting registrant to attend the subject meeting, registrant hereby agrees to release and hold ACSSS, its officers and its management company (MCS) harmless for any personal injury, loss or harm occurring during, and while traveling to or from, the subject meeting, caused by third parties, or by other forces or instrumentalities, not acting under ACSSS's or MCS's special direction or control. ACSSS, in its sole discretion, further reserves the right to limit or cancel the subject meeting for safety or other reasons, and no such limitation or cancellation shall be in any way considered a breach of any contract to hold the subject meeting.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS PRINTED ON THIS FORM:

Signature of registrant

Date

Please fax to 703-669-5441 or mail to ACSSS, P.O. Box 1904, Leesburg, VA 20177. Contact Andrea Falzarano at 703-669-5440 for additional information.