

Volunteer Commitment Form



65th ANNUAL FORUM AND PRODUCTS EXPOSITION

Live the Legend

**San Antonio, TX
August 12-17, 2010**



I, _____ from: _____
Name Agency/Company

agree to work at least eight hours during the 2010 Annual Forum August 12-17, 2010. I understand that I will receive one (1) re-certification point per volunteer commitment form/person. I understand that specific duties will be assigned to me by the Host Committee. In consideration for this volunteer work NIGP will extend a special registration fee of \$400.00 to attend the Annual Forum.

I understand and agree to these terms and conditions. Failure to provide the required volunteer services will result in my personally being liable for the difference in registration fees.

This form must be returned by July 16, 2010. Forms received after this date may not be considered for the volunteer registration fee.

Name (please print)

Signature Date

Agency

Address

Phone Number Fax Number

Email address

Please return this form along with the registration form to:

Ms. Michalyn Rains, CPPO, CPPB
Contracts Manager
Collin County
2300 Bloomdale Rd., Suite 3160
McKinney, TX 75071
Phone (972) 548-4113
Fax (972) 548-4694 or
mrains@co.collin.tx.us

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PRODUCTS EXPOSITION



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2010 VOLUNTEER REGISTRATION FORM

(Please type or print)

Delegate Information:

Full Name _____

Badge Name _____

Agency _____

Title _____

Mailing Address _____

City & State/Province (Include Zip/P.C.) _____

Tel. No. (Include Area Code) _____ Fax No. _____

Email Address _____

Government Type (i.e., City, Province, etc.) _____ Purchasing Volume _____

Forum Arrival date: _____ Time: _____

Please check any of the following that apply to you:

- CPPO C.P.M. Have attended a NIGP Forum
 CPPB C.P.P. Have not attended a NIGP Forum
 CPCM Other: _____

Guest Information:

Guest packages may be purchased on site at NIGP Registration Center.

Guest(s) (fname for badge) _____

Guest(s) (fname for badge) (if children, list age) _____

Home Address _____

Home Telephone _____

Forum Registration Payment Information:

Enclosed is a Check/Purchase Order for \$ _____ Check/PO number _____ Please make checks payable to: NIGP

Master Card VISA American Express

Card # _____ Exp. Date _____ Card Security Code _____

Signature of Cardholder: _____

Card holder's name if different from registrant: (please print) _____

Credit Card Billing Address: Street _____ City _____ State _____ Zip _____

Check here if you require special assistance to fully participate in the Forum (including dietary restrictions).

Describe: _____

Full Volunteer Delegate Package \$400.00 includes:

- Registration Fee
- Host Committee Social Event
- Opening Breakfast & Keynote Speaker
- Expo Lunch
- Business/Awards Luncheon
- Presidential Banquet and Dance

Registration fee includes access to all workshops, networking and Exhibit Hall activities. Workshop and Networking Session seating is on a first-come, first-served basis. Delegates must pre-register for all sessions. Forms must be approved by Volunteer Coordinator, Michalyn Rains. Please fax forms to (972)548-4694 or email to mrains@co.collin.tx.us for approval. Payment should be sent to NIGP at 151 Spring Street, Herndon, VA 20170 or faxed to 703-736-9639. Questions? Call Michalyn at (972)548-4113.

Approved: _____

Date: _____