



**NATIONAL CATTLEMEN'S
BEEF ASSOCIATION**

2009 LEGISLATIVE CONFERENCE
AT THE LIAISON CAPITOL HILL

ATTENDEE REGISTRATION FORM

Name _____ Organization Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail Address: _____

**Due to heightened security, your social security number is required to enter the Capitol.*

Social Security Number & Date of Birth _____

Spouse Social Security Number & Date of Birth _____

- Please check all categories that apply:
- NCBA Board of Directors – Policy Division
 - NCBA Executive Committee
 - Affiliate Association Elected Officer
 - Affiliate Association/Council Executive Officer
 - Affiliate Association Staff
 - Other _____

Registration

No. People	Amount	Badge Name
_____ NCBA Member/Other	\$105.00 _____	Name: _____
_____ Spouse	\$60.00 _____	Name: _____

TOTAL REGISTRATION: \$ _____

Form of Payment: Check Visa MasterCard American Express

Credit Card Number: _____ Exp: _____

Name on Credit Card: _____

Signature: _____

Please complete form and return by **August 21, 2009** to:

Thad Larson; Associate Director, Meetings & Registration
NCBA Convention & Meetings Department
9110 E. Nichols Ave., STE 300, Centennial, CO 80112
Fax: (303) 770-7745 ★ Phone: (303) 694-0305

PLEASE DO NOT MAIL FORM IF YOU'VE ALREADY FAXED IT IN!!!