

National Consortium on Racial and Ethnic Fairness in the Courts

Transformative Tools for Delivering Justice in the 21st Century

HYATT REGENCY, NEW BRUNSWICK, NJ ♦ WEDNESDAY, APRIL 28 – SATURDAY, MAY 1, 2010

MEAL REGISTRATION FORM FOR GUESTS OF CONFERENCE ATTENDEES

REGISTER ON THE INTERNET :

[www.consortiumonline.net/
annualmeeting/register.html](http://www.consortiumonline.net/annualmeeting/register.html)

BY FAX:

(757) 259-1520

BY MAIL:

National Consortium on Racial and
Ethnic Fairness in the Courts
c/o National Center for State Courts
300 Newport Avenue
Williamsburg, VA 23185

Name:

_____ *Prefix* _____ *First Name* _____ *MI* _____ *Last Name*

Address:

City

State

Zip

Country

E-mail:

Phone:

Fax:

Guest of:

Special Needs:

(Physical or dietary)

GUEST MEAL OPTIONS

Guests of conference attendees may register for conference meals and social events by using this form. The complete meal package for guests of conference attendees includes the following meals: opening reception, two continental breakfasts, one full breakfast buffet, two plated luncheons, and one dinner banquet. Please note that the complete meal package for conference guests does not include morning and afternoon breaks.

Fees

GUEST MEAL OPTIONS		Fees
Wednesday April 28 – Saturday May 1, 2010	016 – Complete Meal Package	<input type="checkbox"/> \$295
Wednesday, April 28, 2010	017 – Opening Reception	<input type="checkbox"/> \$75
Thursday, April 29, 2010	018 – Continental Breakfast	<input type="checkbox"/> \$30
	019 – Plated Lunch	<input type="checkbox"/> \$40
	020 – Dinner Banquet	<input type="checkbox"/> \$100
Friday, April 30, 2010	021 – Continental Breakfast	<input type="checkbox"/> \$30
	022 – Plated Lunch	<input type="checkbox"/> \$40
Saturday, May 1, 2010	023 – Buffet Breakfast	<input type="checkbox"/> \$35

Payment Method and Authorization

Enclosed is a check for \$_____ payable to National Center for State Courts (Federal Tax ID #52-0914250)

Charge \$_____ to Mastercard/Visa/American Express

Card #: _____ - _____ - _____ Exp. Date: _____ / _____

Name as it appears on card: _____ CCV #: _____

Signature of cardholder: _____
(The Credit Card Verification number is the 3 or 4 digit security code printed on the card)

CANCELLATION AND REFUND POLICY: Cancellations of registration must be made in writing via fax to (757) 259-1520. A refund minus a \$50 processing fee will be issued for cancellations received by 5 p.m. on April 14. A refund minus a \$100 processing fee will be issued for cancellations received by fax after 5 p.m. on April 14, 2010 through 5 p.m. on April 21, 2010. No refunds will be issued for "no shows" or for cancellations received after 5 p.m. on April 21, 2010.

REGISTRATION QUESTIONS? (757) 259-1841 or (800) 616-6165 - NCSC
CONFERENCE QUESTIONS? (609) 292-8967 - New Jersey Minority Concerns Unit