

**NATIONAL COUNCIL OF SELF INSURERS
2017 ANNUAL MEETING**

REGISTRATION

June 4 — June 7, 2017

**Wyndham Bayside Hotel
San Diego, California**



Please check the appropriate boxes

	Early Rate February 1 — April 28, 2017	Regular Rate April 29 — June 4, 2017
NCSI Member Registration	_____ \$675.00	_____ \$775.00
Non-Member Registration	_____ \$975.00	_____ \$1075.00
NCSI Member Spouse/Companion	_____ \$250.00	_____ \$350.00
Non-Member Spouse/Companion	_____ \$500.00	_____ \$600.00
TOTAL AMOUNT DUE:	\$ _____	

To register for the meeting, please complete and return this form by mail to:
National Council of Self Insurers, P.O. Box 98248, Des Moines, WA 98198,
or by email to: **dave.kaplan@natcouncil.com**, or by fax to: **206.212.9488**

NCSI Tax Identification #13-6178921

Name: _____ First Name for Badge: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Spouse/Companion (if applicable): _____

PAYMENT

_____ Enclosed is my check made payable to NCSI in the amount of \$ _____

_____ Please charge the indicated credit card in the amount of \$ _____

_____ VISA _____ Mastercard _____ American Express _____ Discover

Credit Card Number: _____ Exp. Date: _____ CSV Code: _____

Name on Credit Card: _____ Signature: _____

Billing Address for Card: _____