



11th Annual Liaison Officer Conference Registration Form

Agency Information:

Agency Name: _____

Agency Address: _____

Attendees:

Attendee Name: _____

E-mail address: _____ Phone number: _____

Attendee Name: _____

E-mail address: _____ Phone number: _____

Attendee Name: _____

E-mail address: _____ Phone number: _____

Payment Information:

Checks only please. PERS does not have the ability to accept Purchase Orders, Vouchers or Credit Card Payment. State of Nevada employees will process checks through the State Controller utilizing vendor # D91000000.

Number of Attendees: _____ x \$85.00 * (*\$100 if registering between 10/18/14—10/24/14)

Total Due: \$ _____ Make check payable to: PERS Administrative Fund

Submit your registration form **on or before October 17, 2014** to:

PERS
Attn: Pamela Young
693 W. Nye Lane
Carson City, NV 89703