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