

# Registration

May 19 & 20, 2010 • Qwest Center Omaha



Greater Omaha Chapter  
a not for profit 501(c)(3) organization



Name/Designation:  CSP  ASP  CHMM  CBCP  Other \_\_\_\_\_  
 CEUs  Yes  No  
 Title \_\_\_\_\_  
 Company/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Company Contact Person/Title \_\_\_\_\_

### Two Day Conference Ticket

Includes: General Sessions, Breakout Sessions (choose below), Breakfast, Breaks, Lunch (both days), Conference Materials

First Responder: By April 9, 2010 \$320 Parking included  
 Received Before April 23, 2010 \$415 (\$350 Member Rate) Parking included  
 Received After April 23, 2010 \$475 (\$430 Member Rate) Parking included  
 Special Student Rate \$75

### One Day Conference Ticket

Includes: General Session, Breakout Sessions (choose below), Breakfast, Breaks, Lunch (day of attendance), Conference Materials

Choose Either:

Wednesday, May 19, 2010 OR  Thursday, May 20, 2010  
 Received Before April 23, 2010 \$305 (\$255 Member Rate) Parking included  
 Received After April 23, 2010 \$385 (\$335 Member Rate) Parking included  
 Special Student Rate \$40

**Schedule of Events** Please choose one from each time slot.

#### Wednesday, May 19, 2010

8:00-8:30 a.m.  Coffee and Connections  
 8:30-10:00 a.m.  Opening General Session  
 10:30-11:45 a.m.  S1  W2  R3  C4  RE5  
 11:45 a.m.-1:00 p.m.  Lunch  
 1:00-2:15 p.m.  S6  W7  R8  C9  RE10  
 2:45-4:00 p.m.  S11  W12  R13  C14  RE15

#### Thursday, May 20, 2010

7:30-8:00 a.m.  Coffee and Connections  
 8:00-9:00 a.m.  S16  W17  R18  C19  RE20  
 9:15-10:15 a.m.  S21  W22  R23  C24  RE25  
 10:30-11:30 a.m.  S26  W27  R28  C29  RE30  
 11:45 a.m.-1:30 p.m.  Awards Luncheon

### Awards Luncheon Only \$55 May 20, 2010

Included in two day conference and Thursday conference tickets.

### Special Accommodations

Please check here if you require special accommodations. We will contact you.

**Total Cost:** \_\_\_\_\_

Payment Enclosed  Please Invoice, Purchase Order # \_\_\_\_\_

Please make checks payable to NSC,GOC.

VISA  MasterCard  American Express  Discover

Credit Card Number

Expiration Date  Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_