

REGISTRATION, INVOICE & VOUCHER CERTIFICATION FORM

PROFESSIONAL DEVELOPMENT SEMINAR:

**Medical Marijuana: What Public Employers Need to
Know in New Jersey**

March 27, 2019

8:30a.m. to 12:30p.m.

Doubletree Hotel

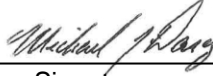
700 Hope Road, Tinton Falls, NJ 07724

REGISTRATION FEE: Member Rate \$90.00

Non Member: \$110.00

Returning a copy of this completed form insures you a reservation at the above seminar. Just send us this form with or without a check. No need to send us your voucher for a separate signature because **this form has been approved by the Local Finance Board and meets the requirements for certification of performance of service. HOWEVER, A PURCHASE ORDER NUMBER IS REQUIRED TO PROCESS THIS REGISTRATION FORM.**

Cancellation Policy: Cancellations will be accepted until 4:00 p.m., three (3) business days prior to an event. Cancellations must be in writing. You may substitute attendees, if necessary. After the cancellation deadline, there are no refunds.

| VENDOR CLAIMANT'S CERTIFICATION AND DECLARATION | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <p>I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> | | | |
| <u>1-01-19</u> | <u>21-6000935</u> |  | <u>Executive Director</u> |
| Date | Federal I.D. # | Signature | Official Position |
| CERTIFICATION BY RECEIVING AGENCY | | CERTIFICATION BY APPROVAL OFFICIAL | |
| <p>I, having knowledge of the facts, certify and declare that the materials have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures, or verifiable information.</p> | | <p>I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim. The payment shall be chargeable to: <u>If PO is REQUIRED, THEN THE PO# MUST BE NOTED!</u></p> | |
| <p>_____ Signature</p> | | <p><i>Appropriation Account(s) Charged</i> P.O. # - MANDATORY</p> | |
| <p>_____ Date</p> | | <p>Amount(s): \$ _____</p> | |
| <p>_____ Title</p> | | <p>_____ Signature</p> | |
| <p>_____ Date</p> | | <p>_____ Date</p> | |
| <p>_____ Title</p> | | <p>_____ Title (CFO, Finance Director)</p> | |

SEMINAR REGISTRATION (Please fill in all of the below information)

| | Name of Seminar Registrant | Title | E-Mail Address | Municipal Phone # |
|----|----------------------------|-------|----------------|-------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |

Contact Person: _____

Municipality: _____

Address: _____ City: _____ St: _____ Zip: _____

PLEASE NOTIFY US IF YOU
DESIRE ANY SPECIAL
COMMUNICATION
EQUIPMENT OR SERVICES

MAKE CHECKS PAYABLE TO:

New Jersey State League of Municipalities Phone: (609) 695-3481 xtn 111
222 West State Street - Trenton, NJ 08608 Fax: (609) 695-0151
E-mail: Dbijou@njlm.org

IN CASE OF INCLEMENT WEATHER OR CANCELLATION: We will announce emergency seminar cancellations via recorded announcement on our Weather Hotline: 609-695-3481 ext. 200 and post announcements on our website www.njlm.org, Facebook page [facebook.com/njleague](https://www.facebook.com/njleague), and Twitter [@NJ_League](https://twitter.com/NJ_League) after 6:00am on the morning of the meeting.

DIRECTIONS TO SEMINAR LOCATION:

From the North:

Take the NJ Turnpike South to Exit 11 (Garden State Parkway). Proceed South on the Garden State Parkway to Exit 105 (Rt. 36 East). Turn right at the first light onto Hope Road. The hotel will be on the right.

From the South:

Take the Garden State Parkway North, staying in the Local Lanes, to Exit 105 (Rt. 36 East). Bear left off the ramp, follow signs to Long Branch/Eatontown. Turn right at the first light onto Hope Road. The hotel will be on the right.

From Central Jersey:

Take Route 33 East. Turn onto Route 537 East toward Freehold. Follow Rt. 537 for about 14 miles. Turn right onto Hope Road (shortly past the Garden State Parkway). Continue south on Hope Road for 2 miles. The hotel near will be on the right.

From Route 18 North:

Take Exit 13 A. Stay in the right lane. Turn right at the first light onto Hope Road. The hotel will be on the right.

From Route 18 South:

Take Exit 15B (Route 38 South/Wayside Rd). Make a left onto Wyckoff/Shaftho Road. Continue to the second traffic light and turn left onto Hope Road. The hotel will be on the left.