



# 104<sup>th</sup> Annual League Conference

## Atlantic City Convention Center November 19-21, 2019

### Voucher Certification and Pre-Registration Form

**PRE-REGISTRATION FEE: \$55.00**

**No Refunds or Cancellations - Faxes or Emails Not Accepted**  
**Registrations Must Be Received and Postmarked by October 1, 2019**

### Municipal Delegate Registration Form Only

(Employees or elected/appointed official of a Municipality, State, County, Local Governments, Municipal/State Utilities or Authorities and Non-Profits)

**BADGE(S) ONSITE PICKUP OPTION:** \_\_\_\_\_ [yes/no] (If yes, ALL registrants must pick up badges onsite. Each registrant will receive a separate confirmation with a personalized bar code including instructions on how to print their badge onsite. If no, ALL badges will be mailed to the key contact.)

#### Key Contact Information

Municipality or Organization: \_\_\_\_\_ County: \_\_\_\_\_

Key Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(IF YOU ARE ATTENDING THE CONFERENCE, PLEASE REGISTER BELOW)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE NOTE: ALL FIELDS ABOVE ARE REQUIRED FIELDS AND MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED**

#### **ATTENDEE INFORMATION**

(Print or Type all required information below) (Spouse badges are complimentary and are not valid for CEU's)

#	Registrant(s) Guest, TBA, Etc. <b>(Not Acceptable)</b> <i>(required field)</i>	Title (Guest, TBD, Etc.) <i>(Not Acceptable will be crossed off the list)</i> <i>(required field)</i>	Email Address <i>(required field)</i>	Spouse: Wife/Husband (No Titles allowed) THIS BADGE NOT VALID FOR CEU'S Guest, TBA, Etc. <b>(Not Acceptable)</b> Valid Example: "Robert Smith"
	Jane Smith <i>(No Abbreviations)</i>	Business Administrator <i>(No Abbreviations)</i>	<a href="mailto:jsmith@yourmunicipality.com">jsmith@yourmunicipality.com</a> <i>(Registrant email address)</i>	A spouse who is a government official/employee-payment required Enter Name under registrant
1				
2				
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*(This Form May be freely Reproduced)*

\_\_\_\_\_ Check if additional names are attached

#### **CLAIMANTS' CERTIFICATION DECLARATION**

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/articles will be furnished or services rendered as stated herein and 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.

Date: **August 1, 2019**

Federal Identification: **21-6000935**

Michael J. Darcy., Executive Director:

**IF YOU REGISTER USING A PURCHASE ORDER OR VOUCHER ALL FIELDS IN SECTION "1)" ARE REQUIRED FIELDS. INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED**

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service. Since the Local Finance Board has approved this form your purchase order/ voucher for separate signature is not required unless your municipality requires original signature. Please note, for tracking inquires on this order please insert valid purchase order # where indicated within the certification section or check # within the check registration section.

#### **CERTIFICATION BY APPROVAL OFFICIAL**

**1) Registering with Purchase Order or Voucher** | certify that I am authorized to place this order and declare that this order is correct, and that sufficient funds are available to satisfy this claim.

Chargeable to Appropriation Acct(s) \_\_\_\_\_ Official PO # \_\_\_\_\_

Order Total \$ \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ (required) Date \_\_\_\_\_

Finance Department Address: \_\_\_\_\_

**PRINT ADDRESS**

**NJLM USE** Date Rcv'd \_\_\_\_\_  
 CHECK # \_\_\_\_\_

**FOR DATA ENTRY PERSONNEL USE ONLY**  
 Check, all that apply to confirm accuracy of this Order  
 Registration Type: \_\_\_ Municipal  
 Registering by: \_\_\_ Check  
 \_\_\_ PO/Voucher \_\_\_ Amt

**2) Registering with Enclosed Check #** \_\_\_\_\_ In The Amount of \$ \_\_\_\_\_ Check Date \_\_\_\_\_  
**MAKE CHECKS PAYABLE TO: NJLM, ATTN: FINANCE DEPT., 222 WEST STATE STREET TRENTON, NJ 08608**