

May 16–17, 2026 | Las Vegas, NV

## Attendee Registration

Is this your first time attending the NCPERS University programs? ☐ YES ☐ NO

NCPERS University Program	Early-Bird Registration Fee by April 30	Regular Registration Fee Starting May 1
Trustee Essentials Training (formerly known as TEDS)	<input type="radio"/> \$520/person	<input type="radio"/> \$720/person
NCPERS Advanced Fiduciary (NAF) Institute: Modules 1 and 2	<input type="radio"/> \$930/person	<input type="radio"/> \$1,130/person
NCPERS Advanced Fiduciary (NAF) Institute: Modules 3 and 4	<input type="radio"/> \$930/person	<input type="radio"/> \$1,335/person

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title (required): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\*E-mail Address (required): \_\_\_\_\_

*\*Please provide your e-mail address for conference updates and registration confirmation.*

## Payment Methods

All payments must be in U.S. funds. Electronic payment is strongly encouraged.

- **ONLINE:** Login at [www.ncpers.org](http://www.ncpers.org) to pay with credit card or ACH. You'll need your username and password to login.
- **E-MAIL:** top half of registration to [registration@ncpers.org](mailto:registration@ncpers.org) to receive an invoice by email with a secure payment link. **Do not email your credit card information.**
- **FAX:** completed registration to 202.688.2387.
- **MAIL:** to NCPERS 1201 New York Avenue, NW Suite 850, Washington, DC 20005
- **ACH:** payment available via the website. If needed, please call 202.601.2445 or email [registration@ncpers.org](mailto:registration@ncpers.org) for details.

## Questions

 Call 202.601.2445 or email [registration@ncpers.org](mailto:registration@ncpers.org)

## Credit Card

Please select credit card type: ☐  ☐  ☐ 

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CC Verification Code: \_\_\_\_\_ Name on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Authorized Amount to Charge: \$ \_\_\_\_\_

*By signing this form, I certify I have read and understand the terms of this registration. If paying by credit card, I authorize NCPERS to charge my card for the total amount indicated.*

Signature: \_\_\_\_\_

**Cancellation Policy:** All registration cancellations must be received in writing by April 30 to receive a refund and will be subject to a \$100 processing fee. No refunds will be given starting May 1. Please email your cancellation request to [registration@ncpers.org](mailto:registration@ncpers.org).

**Health & Safety Policy:** NCPERS prioritizes the well-being of attendees and staff. We encourage respect for personal choices regarding masks and physical contact, adherence to any local or venue guidelines, and staying home if unwell. Thank you for helping us create a safe and welcoming environment.

**Complaint Resolution Policy:** NCPERS is dedicated to providing a positive, engaging, and valuable experience for all attendees of our educational programs. We welcome feedback and take all complaints seriously as part of our ongoing commitment to improving our programs and services.

## Registration Summary

Trustee Essentials Training

\$ \_\_\_\_\_

NCPERS Advanced Fiduciary (NAF)

Institute: Modules 1 and 2

\$ \_\_\_\_\_

NCPERS Advanced Fiduciary (NAF)

Institute: Modules 3 and 4

\$ \_\_\_\_\_

**GRAND TOTAL (U.S. funds)**

\$ \_\_\_\_\_