

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 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 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 for details.

Questions Call 202.601.2445 or email registration@ncpers.org

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)

\$ _____

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.**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.