

COST 47th ANNUAL MEETING

October 18 – 21, 2016 Planet Hollywood Las Vegas, Nevada REGISTRATION FORM

NAME (Please print)		
NAME FOR BADGE		
TITLE		
COMPANY		
ADDRESS		
CITY, STATE	ZIP	
PHONE	FAX	
E-MAIL		
YES, this is my FIRST COST Conference		
Continuing Education: I will apply for CLE and license number required		
Other Request/Special Assistance:		
SPOUSE/GUEST REGISTE	RATION	
SPOUSE NAME (Please print)		

NAME FOR BADGE

PERMISSION TO USE PHOTO
By registering for the COST Annual Meeting, attendees hereby agree to allow COST to use any photos taken of them during the conference in news media, website, publications, articles, marketing pieces, etc.

REGISTRATION RESTRICTIONS

The 47th Annual Meeting is open to Non-COST member companies, COST Company Members, Associate Members (e.g. State Chamber of Commerce representatives), and Practitioner Connection subscribers. However, attendance to COST audit sessions and Committee Meetings are strictly limited to COST Member Companies only

HOTEL RESERVATIONS

Rooms have been reserved at a rate of \$159 single/double (plus taxes). Please note that there is a \$25 resort fee per night. We encourage you to make your room reservations early as rooms in the COST block and hotel may sell out. Note: September 28, 2016 is the room reservation cut-off date. Rooms at the group rate may not be available if the COST room block sells out prior to September 28th. Please call Planet Hollywood directly to reserve your room at 866.317.1829.

CANCELLATION FEES

A \$50 cancellation fee will be imposed for cancellations received on or before September $16^{\rm th}$; cancellations after the $16^{\rm th}$ will not be refunded. Member companies must be in good standing with COST at time of registration and time of program for employees to attend. For more information regarding COST's complaint and refund policies, please email Karen Galdámez.

METHOD OF PAYMENT - Please make payments to COST in US Dollars Please check one Enclosed Check (Please make all checks payable П to "Council On State Taxation" or "COST.") Charge to the following card: П MCVISA AMEX DINERS DISCOVER Card Number __ Security Code ____ Expiration Date ___ Bill to Address: _____ Signature (Credit Card Payment Only)

REGISTRATION FEES			
On or Before 9/16/16			
COST Industry Member Companies	\$895		
COST Practitioner Partner	\$1195		
Non-COST Industry Member Companies and Non- COST Practitioner Partners	\$1495		
Spouse/Significant Other (meal functions only)	\$150		
After 9/16/16			
COST Industry Member Companies	\$995		
COST Practitioner Partner	\$1295		
Non-COST Industry Member Companies and Non- COST Practitioner Partners	\$1595		
Spouse/Significant Other (meal functions only)	\$150		

Mail registration to: **Karen Galdámez**, COST, 122 C Street, NW, Suite 330, Washington, DC 20001 or fax **202.484.5229**.

For more information, please visit www.cost.org.