



REQUEST FORM
NCRA Representative to Affiliated Association
Annual Convention

Please fax this completed form to **Laura Butler** at 703-556-6291 or email it to lbutler@ncrahq.org.

ASSOCIATION:

CONVENTION DATES:

NAME OF PERSON REQUESTING REP

Name:

Association Title:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Fax:

EXPECTED ATTENDANCE:

ARRIVAL DATE FOR REP:

DEPARTURE DATE FOR REP:

CONVENTION LOCATION

Hotel/Resort Name:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Fax:

[Type text]

TRANSPORTATION INFORMATION

Nearest Airport:

Distance from Convention Site:

Transportation from Airport to Convention:

- shuttle available taxi rental car
- association will provide transportation
- other _____

NCRA REPRESENTATIVE

In addition to providing an NCRA update and other traditional on-site services (such as swearing in new board or officers, if requested), NCRA director representatives shall offer to provide **one** CEU seminar of no more than 90 minutes, from among the following four topics (please check appropriate box):

- NCRA Town Hall Meeting (If this is selected, an update is optional)
- Marketing Court Reporter Value (MCRV)
- Steno Swap
- Such other topic as the individual director assigned is comfortable presenting.
- We would also like the representative to install new officers/board of directors.

FINANCIAL ARRANGEMENTS

The affiliated association will be responsible for the cost of: hotel, reasonable meal expenses, convention registration (including all seminars and social events), local transportation expenses and a flat-rate travel charge of \$400 towards airfare costs.

The affiliated association will also make housing arrangements. Be sure the NCRA representative receives confirmation of the housing arrangements.

- I understand and agree to the above financial arrangements.**

Name:

Date:

[Type text]

OTHER

Please use this box for any comments/questions.

**INCOMING PRESIDENT
(to be elected at this convention):**

- Check if president remains the same.
- If new, indicate expiration date: _____

Name:

Title:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Fax:

EXECUTIVE DIRECTOR/ASSOCIATION MANAGEMENT FIRM (if any):

Name:

Title:

Address:

City:

State:

Zip Code:

E-mail:

Phone:

Fax:

[Type text]

If time allows, your Board rep may visit a school, courthouse, or a couple of the larger reporting firms in the area. Please suggest one or two of each, along with contact information.

School:

Location:

Contact name and info:

School:

Location:

Contact name and info:

Courthouse:

Location

Contact name and info:

Courthouse:

Location

Contact name and info:

Reporting firm:

Location

Contact name and info:

Reporting firm:

Location

Contact name and info:

Thank you for requesting an NCRA representative to your state association convention.

Please fax this completed form to Laura Butler at 703-556-6291 or email it to lbutler@ncrahq.org.

Laura Butler – 703/556-6272 x 132

(8/09)