

Purchasing Department
Madison County Board of Supervisors
146 West Center Street
Canton, Mississippi 39046

601-855-5503
hardy@madison-co.com

9 February 2016

District 1 Supervisor Sheila Jones
District 2 Supervisor Trey Baxter
District 3 Supervisor Gerald Steen
District 4 Supervisor David Bishop
District 5 Supervisor Paul Griffin

Subject: Place February 2016 Travel Card Reconciliation Report on minutes and authorize payment of same

Gentlemen:

Per Department of Finance and Administration regulations, please place the attached Travel Card Reconciliation Report on the minutes and authorize payment of same.

Thank you,




Hardy Crunk
Purchasing Clerk

TRAVEL CARD RECONCILIATION

STATEMENT CLOSING DATE: 02/01/16

CARD	CARD USER	PURPOSE	USE DATE	VENDOR NAME	AMOUNT	DESCRIPTION
BOS1 CARD						
x	Trey Baxter	Airline ticket	5-Jan-16	Delta	\$269.20	NACO
x	Sheila Jones	Airline ticket	5-Jan-16	Delta	\$269.20	NACO
x	Trey Baxter	NACO registration	6-Jan-16	NACO	\$515.00	NACO
x	Sheila Jones	NACO registration	6-Jan-16	NACO	\$515.00	NACO
x	David Bishop	Airline ticket	7-Jan-16	Delta	\$301.20	NACO
x	Shelton Vance	Airline ticket	7-Jan-16	Delta	\$269.20	NACO
x	Tony Greer	Airline ticket	7-Jan-16	Delta	\$269.20	NACO
x	David Bishop	NACO registration	8-Jan-16	NACO	\$515.00	NACO
x	Shelton Vance	NACO registration	8-Jan-16	NACO	\$515.00	NACO
x	Tony Greer	NACO registration	8-Jan-16	NACO	\$515.00	NACO
x	Katty Snell	NACO registration	13-Jan-16	NACO	\$540.00	NACO
x	Katty Snell	Airline ticket	13-Jan-16	Delta	\$252.20	NACO
x	Trey Baxter	Airline ticket change	17-Jan-16	Delta	\$265.00	NACO
BOS1 CARD TOTAL					\$5,010.20	
BOS2 CARD TOTAL					\$0.00	NO USAGE
HR CARD TOTAL					\$0.00	NO USAGE
EMA CARD TOTAL					\$0.00	
SO1 CARD TOTAL					\$0.00	NO USAGE
SO2 CARD						
x	Chuck McNeil	Lodging	27-Jan-16	Sheraton New Orleans	\$1,322.60	Gang Invertigation Conf
SO2 CARD TOTAL					\$1,322.60	
CONTROL ACCOUNT TOTAL CHARGES					\$6,332.80	
AMOUNT TO PAY					\$6,332.80	


Hardy Crunk
Purchase Clerk

CARD SERVICES
PO BOX 419734
KANSAS CITY MO 64141-6734

Account Number Ending In: XXXX XXXX 8100 7611



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
6,332.80	02/26/16	0.00	6,332.80		\$

Make Check Payable To:
Card Services

Please check box if making address change as indicated on the back

Card Services
PO Box 875852
Kansas City MO 64187-5852

CONTROL ACCOUNT
MADISON COUNTY BOS
PO BOX 608
CANTON MS 39046-0608

5163
A202



4715621981007611 0633280 0633280

Account Number Ending In: XXXX XXXX 8100 7611

Summary of Account Activity	
Previous Balance	\$ 0.00
Payments	- 0.00
Other Credits	- 0.00
Purchases/Debits	+ 6,332.80
Cash Advances	+ 0.00
Finance Charges	+ 0.00
New Balance	6,332.80
Credit Limit	20,000.00
Available Credit	13,667.00

Payment Information	
Statement Closing Date	02/01/16
New Balance	6,332.80
Minimum Payment Due	6,332.80
Payment Due Date	02/26/16
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS CARD SERVICES PO BOX 875852 KANSAS CITY, MO 64187-5852	ACCOUNT INQUIRIES AND LOST STOLEN CARDS 800-821-5184 816-843-2000 IN KANSAS CITY	CARD SERVICES PO BOX 419734 KANSAS CITY MO 64141-6734
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Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

Transaction Information					
Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount	
			MADISON COUNTY BOS TOTAL XXXX XXXX 8100 7579 \$5,010.20		
✓ 01/05	01/07	2471705QNTA9YZYDX	AMERICAN AI 0012361501213 DALLAS TX MCC: 3001 MERCHANT ZIP: BAXTER/TREY JACKSON WASHINGTON WASHINGTON	269.20	
✓ 01/05	01/07	2471705QNTA9Z1MW5	AMERICAN AI 0012361522945 DALLAS TX MCC: 3001 MERCHANT ZIP: JONES/SHEILA JACKSON WASHINGTON WASHINGTON	269.20	
✓ 01/06	01/07	2449215QNS0Y3BD2R	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	515.00	
✓ 01/06	01/07	2449215QNS0Y3981J	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	515.00	
✓ 01/07	01/10	2471705QRATAAHLNKJ	AMERICAN AI 0012361669627 DALLAS TX MCC: 3001 MERCHANT ZIP: BISHOP/DAVID JACKSON WASHINGTON WASHINGTON	301.20	
✓ 01/07	01/10	2471705QRATAAH3S3G	AMERICAN AI 0012361664582 DALLAS TX MCC: 3001 MERCHANT ZIP: VANCE/SHELTON JACKSON WASHINGTON WASHINGTON	269.20	
✓ 01/07	01/10	2471705QRATAAH3S3R	AMERICAN AI 0012361664583 DALLAS TX MCC: 3001 MERCHANT ZIP: GREER/TONY JACKSON WASHINGTON WASHINGTON	269.20	
✓ 01/08	01/10	2449215QRS0ZMTZM6	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	515.00	

Continued on next page

Transaction Information Continued

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
✓ 01/08	01/10	2449215QRS0ZNH5F7	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	515.00
✓ 01/08	01/10	2449215QRS0ZN8K1K	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	515.00
✓ 01/13	01/14	2449215QXS133A6BN	NACO 202-661-8835 DC MCC: 8641 MERCHANT ZIP: 20001 SALES TAX: \$ 0.00 TAX INCLUDED: 0	540.00
✓ 01/13	01/15	2471705QYTAQA4AM	AMERICAN AI 0012362006007 DALLAS TX MCC: 3001 MERCHANT ZIP: SNELL/KATHERINE JACKSON WASHINGTON WASHINGTON	252.20
✓ 01/14	01/17	2471705QZTAQL7JJA	AMERICAN AI 0012319263405 DALLAS TX MCC: 3001 MERCHANT ZIP: BAXTER/TREY JACKSON WASHINGTON WASHINGTON	265.00
✓ 01/27	01/28	2475542DB4M8L1XH9	MADISON CO SHERIFF 2 TOTAL XXXX XXXX 8100 9047 \$1,322.60 SHERATON NEW ORLEANS NEW ORLEANS LA MCC: 3503 MERCHANT ZIP: 70130 LODGING CHECK-IN DATE: 01/27/16 SALES TAX: \$ 0.00 TAX INCLUDED: 0 CUSTOMER CODE: 3800981	1,322.60

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Type of Balance			
Purchases	0.00	0.00	0.00

(v) = Variable Rate

Periodic rates and APRs may vary. See your Cardmember Agreement for an explanation. There is a 25-day grace period for Purchases but not for Cash Advances. You can avoid additional finance charges on Purchases if you pay the New Balance within 25 days of the Statement Closing Date (which may not be the same as the Payment Due Date). See reverse side for important information and disclosures and, if an Annual Fee was posted above, regarding renewals.

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	\$
0.00	02/26/16	0.00	0.00		

Make Check Payable To:
 Card Services

Please check box if making address change as indicated on the back

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON COUNTY BOS 5162
 MADISON COUNTY BOS A202
 PO BOX 608
 CANTON MS 39046-0608



4715621981007579 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 7579

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		20,000.00
Available Credit		20,000.00

Payment Information	
Statement Closing Date	02/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	02/26/16
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS: CARD SERVICES, PO BOX 875852, KANSAS CITY, MO 64187-5852
 ACCOUNT INQUIRIES AND LOST STOLEN CARDS: 800-821-5184, 816-843-2000 IN KANSAS CITY
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02/01	02/01	000000000000COMPC	TOTAL PURCHASES \$5,010.20 TOTAL \$5,010.20	0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00


(v) = Variable Rate

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https://20479137p.rfihub.com/ca.html?rb=1493&ca=20479137&ra=%n https://cs.yieldoptimizer.com/cs/c?a=1048&cpid=131& var totalTag = document.createElement('script');
totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src = ('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbww.com/tt-
7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST = document.getElementsByTagName('script'); totalTagS = totalTagST
[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag); https://20479137p.rfihub.com/ca.html?rb=1493&ca=20479137&ra=%n
https://cs.yieldoptimizer.com/cs/c?a=1048&cpid=131& var totalTag = document.createElement('script'); totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src =
('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbww.com/tt-7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST
= document.getElementsByTagName('script'); totalTagS = totalTagST[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag);
https://20479137p.rfihub.com/ca.html?rb=1493&ca=20479137&ra=%n https://cs.yieldoptimizer.com/cs/c?a=1048&cpid=131& var totalTag = document.createElement('script');
totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src = ('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbww.com/tt-
7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST = document.getElementsByTagName('script'); totalTagS = totalTagST
[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag);
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TB

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Note: This is not your receipt. You will be receiving your itinerary confirmation along with your receipt soon. You may print your itinerary & receipt directly from aa.com once the status is updated from "Ticket Pending" to "Ticketed".

<p>Jackson to Washington 1 Adult Saturday February 20, 2016 – Wednesday February 24, 2016</p>		<p>Your Trip Price: \$269.20 USD</p>												
<p>AA Record Locator TXHBFE</p> <p>Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.</p>	<p>Reservation Name JAN/DCA</p> <p>Status: Ticket Pending on Jan 05, 2016</p>													
<table border="1"> <thead> <tr> <th>Flight</th> <th>Depart</th> <th>Arrive</th> <th>Fare Amount</th> </tr> </thead> <tbody> <tr> <td> <p>American Airlines 5358 Operated by PSA Airlines As American Eagle</p> <p>Create Notification</p> </td> <td> <p>Jackson (JAN) February 20, 2016 06:00 AM Travel Time : 2 h 32 m Cabin Class : Economy Seat : 10C</p> </td> <td> <p>Washington (DCA) February 20, 2016 09:32 AM Booking Code : N Plane Type : CRJ</p> </td> <td> <p>Adult 1 × \$224.19 USD \$224.19 USD</p> </td> </tr> <tr> <td> <p>American Airlines 5359 Operated by PSA Airlines As American Eagle</p> <p>Create Notification</p> </td> <td> <p>Washington (DCA) February 24, 2016 08:27 PM Travel Time : 2 h 48 m Cabin Class : Economy Seat : 10C</p> </td> <td> <p>Jackson (JAN) February 24, 2016 10:15 PM Booking Code : S Plane Type : CRJ</p> </td> <td> <p>Taxes & Carrier-Imposed Fees</p> <p>Taxes \$45.01 USD</p> <p>Carrier-Imposed Fees \$0.00 USD</p> <p>Flight Subtotal \$269.20 USD</p> </td> </tr> </tbody> </table>	Flight	Depart	Arrive	Fare Amount	<p>American Airlines 5358 Operated by PSA Airlines As American Eagle</p> <p>Create Notification</p>	<p>Jackson (JAN) February 20, 2016 06:00 AM Travel Time : 2 h 32 m Cabin Class : Economy Seat : 10C</p>	<p>Washington (DCA) February 20, 2016 09:32 AM Booking Code : N Plane Type : CRJ</p>	<p>Adult 1 × \$224.19 USD \$224.19 USD</p>	<p>American Airlines 5359 Operated by PSA Airlines As American Eagle</p> <p>Create Notification</p>	<p>Washington (DCA) February 24, 2016 08:27 PM Travel Time : 2 h 48 m Cabin Class : Economy Seat : 10C</p>	<p>Jackson (JAN) February 24, 2016 10:15 PM Booking Code : S Plane Type : CRJ</p>	<p>Taxes & Carrier-Imposed Fees</p> <p>Taxes \$45.01 USD</p> <p>Carrier-Imposed Fees \$0.00 USD</p> <p>Flight Subtotal \$269.20 USD</p>		
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Baggage Information

Baggage Charges (per person)

Based on your travel, one airline is designated as the Most Significant Carrier, and that airline's baggage allowances and charges apply to your entire journey. Other Baggage and Optional Charges [\[2\]](#)

Carrier	Baggage	Cost (USD)	Dimensional size *	Additional Info
American Airlines Domestic	 1st Carry-On	No Charge	36 din / 91 dcm	Includes: purse, briefcase, laptop bag or similar item that must fit under the seat in front of you.
	 2nd Carry-On	No Charge	45 din / 114 dcm	Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm)
American Airlines	 1st Bag	\$25	62 din / 158 dcm	Under 50 lbs/ 23 kgs
	 2nd Bag	\$35	62 din / 158 dcm	Under 50 lbs/ 23 kgs

*Dimensional Size is calculated as follows: (Length + Width + Height)

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var totalTag = document.createElement('script'); totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src = ('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbwww.com/tt-7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST = document.getElementsByTagName('script'); totalTagST = totalTagST[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag); https://20479137p.rfihub.com/ca.html?rb=1493&ca=20479137&ra=%n https://cs.yieldoptimizer.com/cs/c?a=1048&cpid=131& var totalTag = document.createElement('script'); totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src = ('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbwww.com/tt-7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST = document.getElementsByTagName('script'); totalTagS = totalTagST[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag); https://20479137p.rfihub.com/ca.html?rb=1493&ca=20479137&ra=%n https://cs.yieldoptimizer.com/cs/c?a=1048&cpid=131& var totalTag = document.createElement('script'); totalTag.type = 'text/javascript'; totalTag.async = true; totalTag.src = ('https:' == document.location.protocol ? 'https://' : 'http://') + 'tt.mbwww.com/tt-7823a169962d1f7e88d83e927a3e585bf006ae284f32737f7fe5ab7c7761c021.js'; var totalTagST = document.getElementsByTagName('script'); totalTagS = totalTagST[totalTagST.length-1]; totalTagS != null && totalTagS.parentNode.appendChild(totalTag);
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<p>Jackson to Washington 1 Adult Sunday February 21, 2016 – Wednesday February 24, 2016</p>		<p>Your Trip Price: \$269.20 USD</p>																								
<p>AA Record Locator RWMSOS</p> <p>Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.</p>	<p>Reservation Name JAN/DCA</p> <p>Status: Ticket Pending on Jan 05, 2016</p>																									
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<p>Carrier-Imposed Fees \$0.00 USD</p>																										
<p>Flight Subtotal</p>			<p>\$269.20 USD</p>																							
<p>Baggage Information</p> <p>Baggage Charges (per person) Based on your travel, one airline is designated as the Most Significant Carrier, and that airline's baggage allowances and charges apply to your entire journey. Other Baggage and Optional Charges [2]</p> <table border="1"> <thead> <tr> <th>Carrier</th> <th>Baggage</th> <th>Cost (USD)</th> <th>Dimensional size *</th> <th>Additional Info</th> </tr> </thead> <tbody> <tr> <td rowspan="2">American Airlines Domestic</td> <td> 1st Carry-On</td> <td>No Charge</td> <td>36 din / 91 dcm</td> <td>Includes: purse, briefcase, laptop bag or similar item that must fit under the seat in front of you.</td> </tr> <tr> <td> 2nd Carry-On</td> <td>No Charge</td> <td>45 din / 114 dcm</td> <td>Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm)</td> </tr> <tr> <td rowspan="2">American Airlines</td> <td> 1st Bag</td> <td>\$25</td> <td>62 din / 158 dcm</td> <td>Under 50 lbs/ 23 kgs</td> </tr> <tr> <td> 2nd Bag</td> <td>\$35</td> <td>62 din / 158 dcm</td> <td>Under 50 lbs/ 23 kgs</td> </tr> </tbody> </table> <p><small>*Dimensional Size is calculated as follows: (Length + Width + Height)</small></p>				Carrier	Baggage	Cost (USD)	Dimensional size *	Additional Info	American Airlines Domestic	1st Carry-On	No Charge	36 din / 91 dcm	Includes: purse, briefcase, laptop bag or similar item that must fit under the seat in front of you.	2nd Carry-On	No Charge	45 din / 114 dcm	Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm)	American Airlines	1st Bag	\$25	62 din / 158 dcm	Under 50 lbs/ 23 kgs	2nd Bag	\$35	62 din / 158 dcm	Under 50 lbs/ 23 kgs
Carrier	Baggage	Cost (USD)	Dimensional size *	Additional Info																						
American Airlines Domestic	1st Carry-On	No Charge	36 din / 91 dcm	Includes: purse, briefcase, laptop bag or similar item that must fit under the seat in front of you.																						
	2nd Carry-On	No Charge	45 din / 114 dcm	Maximum dimensions not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm)																						
American Airlines	1st Bag	\$25	62 din / 158 dcm	Under 50 lbs/ 23 kgs																						
	2nd Bag	\$35	62 din / 158 dcm	Under 50 lbs/ 23 kgs																						

1) Madison County
2) 601 859 5875

Date/Time: Jan. 4. 2016 11:20PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5339	Memory TX	918667415129	P. 1	OK	

Reason for error

- m. 1) Hang up or line fail
- m. 3) No answer
- m. 5) Exceeded max. E-mail size
- E. 2) Busy
- E. 4) No facsimile connection



Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records. If you require hotel accommodations, complete the Hotel Reservation Form.

BAXTER **TREY** **Supervisor**
 *LAST NAME *FIRST NAME *TITLE
Madison County, Mississippi (Account # 28089)
 *COUNTY/ORGANIZATION
PO Box 608 **Canton**
 *ADDRESS *CITY
MS 39046 **601-859-5875** **601-859-5875** **Treybaxter@hotmail.com**
 *STATE ZIP CODE TELEPHONE CELL PHONE FAX EMAIL
 OPT-OUT, PLEASE CHECK HERE IF YOU DO NOT WANT YOUR INFORMATION SHARED.

FAMILY/GUEST INFORMATION (IF APPLICABLE)

Spouse/Child and Youth registration fees include admission to all General Sessions, Monday's Luncheon, and the President's Reception.
 *If you are a county or corporate employee you may not register as a guest

SPOUSE/GUEST*	YOUTH(S)
FULL NAME	FULL NAME

NEW TO NACo? (check any of the statements below that apply to you)

MY COUNTY IS A NEW NACo MEMBER
 THIS IS MY FIRST NACo CONFERENCE
 I AM A MEMBER OF THE

AFFILIATE

REGISTRATION FEES (CHECK BOX THAT APPLIES)

*SPECIAL OFFER: If you register ON-LINE for the 2016 Legislative Conference your registration fee is \$25 less than the list or mail-in price. Go to the NACo web site to register: www.naco.org

	EARLY BIRD (FAX/MAIL) BY 1/8	ADVANCE FAX/MAIL 1/9-2/19	ON-STEIN WASHINGTON, D.C.
NACo Board of Directors	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
NACo County Member	<input checked="" type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
State Association of Counties Staff	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
NACo Corporate Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$600
County Non-Member	<input type="checkbox"/> \$740	<input type="checkbox"/> \$765	<input type="checkbox"/> \$850
Corporate Non-Member	<input type="checkbox"/> \$790	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1,010
Government (Federal or State employees only)	<input type="checkbox"/> \$565	<input type="checkbox"/> \$645	<input type="checkbox"/> \$745
Spouse/Guest	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Full Time Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press (Editorial Staff ONLY)	<input type="checkbox"/> Complimentary		

CONFERENCE TOTE BAG

NACo will only provide bags to attendees who select to receive one. Please indicate if you would like to receive a conference bag and one will be ordered for you.

YES NO SPOUSE/GUEST

NACo 2016 LEGISLATIVE CONFERENCE

Additional Session Requiring Advance Sign Up

Technology Summit:
 Included in your registration fee) Saturday, February 20
 8:30 a.m. - 5:00 p.m.

YES, I WOULD LIKE TO ATTEND THIS SESSION

Total Amt. Due: \$515

Payment Method: (select one)

AMERICAN EXPRESS VISA MASTERCARD
 DISCOVER CHECK P.O. BOX

Card Number: [REDACTED]

Cardholder's Name: Madison County BOS

Exp. Date: 1/17 Sig: [Signature]

Your signature authorizes NACo to charge your credit card for the total amount due.

Please return your completed registration form to:

NACo
 PO Box 79027
 Tallahassee, FL 32379-0207

Or by your completed form to: 856.741.5829

On-line registration info at: www.naco.org
 Overhead? Please call: 856.842.4238
 or email: enconventing@naco.org

DIETARY RESTRICTIONS

Please let us know if you have any of the following dietary needs: (check each that apply)

GLUTEN FREE VEGAN LOW SODIUM VEGETARIAN (LACTO-OVO)

LIST ANY ALLERGIES:

SPECIAL SERVICES (CHECK IF APPLICABLE)

I WILL REQUIRE SPECIAL ASSISTANCE

Please let us know your requirements by emailing us at nacomeetings@naco.org

Payment Policy: Conference registration fee must accompany this form. State/county or company purchase order made payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only cover a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy: Refund of conference registration fee less an administrative fee of \$25 will be made if a written notice of conference registration cancellation is postmarked no later than January 21, 2016. Cancellation request not received January 21, 2016 - February 12, 2016 will be subject to an administrative fee equal to one-half of the registration fee. This applies to all registration types (county, guest and spouse fees). NO REFUND REQUESTS WILL BE HONORED for registrations cancelled after

February 12, 2016 or for "no-shows". Some no financial consequences will be applied. Cancellations must be requested in writing. You may file your written cancellation request to: 856.741.5829 or email nacomeetings@naco.org.
 Note: If you cancel your registration after to Jan. my 30, 2016 any hotel reservation associated with your registration will also be cancelled. However, if you cancel after January 30, 2016, you will need to call the hotel directly to cancel your reservation.

1) Madison County
2) 601 859 5875

Date/Time: Jan. 5. 2016 3:49AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5340	Memory TX	918667415129	P. 2	OK	

Reason for error
 1) Hang up or line fail
 2) Busy
 3) No answer
 4) No facsimile connection
 5) Exceeded max. E-mail size



Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records. If you require hotel accommodations, complete the Hotel Reservation Form.

LAST NAME: Jones
 FIRST NAME: Sheila
 TITLE: Supervisor
 COUNTY/ORGANIZATION: Madison County, Mississippi (acct # 28087)
 CITY: Canton
 ADDRESS: PO Box 608
 STATE ZIP CODE: MS 39046
 TELEPHONE: (601) 858-5503
 CELL PHONE: (601) 857-5875
 EMAIL: SJONES7422@aol.com

FAMILY/GUEST INFORMATION (IF APPLICABLE)
 Spouse/Guest and Youth registration fees include admission to all General Sessions, Monday's Luncheon, and the President's Reception.
 *If you are a county or corporate employee you may not register as a guest

SPOUSE/GUEST* YOUTH(S)
 FULL NAME FULL NAME AFFILIATE

NEW TO NACO? (Check any of the statements below that apply to you)
 MY COUNTY IS A NEW NACO MEMBER
 THIS IS MY FIRST NACO CONFERENCE
 I AM A MEMBER OF THE

REGISTRATION FEES (CHECK BOX THAT APPLIES)
 ** SPECIAL OFFER: If you register ON-LINE for the 2016 Legislative Conference your registration fee is \$25 less than the fax or mail-in price. Go to the NACO web site to register. www.naco.org

	EARLY BIRD (FAX/MAIL) BY 1/9	ADVANCE (FAX/MAIL) 1/9-2/9	ON SITE IN WASHINGTON, D.C.
NACO Board of Directors	<input type="checkbox"/> \$215	<input type="checkbox"/> \$540	<input type="checkbox"/> \$630
NACO County Member	<input checked="" type="checkbox"/> \$215	<input type="checkbox"/> \$540	<input type="checkbox"/> \$630
State Association of Counties Staff	<input type="checkbox"/> \$515	<input type="checkbox"/> \$640	<input type="checkbox"/> \$650
NACO Corporate Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
County Non-Member	<input type="checkbox"/> \$240	<input type="checkbox"/> \$265	<input type="checkbox"/> \$280
Corporate Non-Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$410	<input type="checkbox"/> \$410
Government (Federal or State employees only)	<input type="checkbox"/> \$265	<input type="checkbox"/> \$485	<input type="checkbox"/> \$485
Spouse/Guest	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Full Time Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press (Editorial Staff ONLY)	<input type="checkbox"/> Complimentary		

CONFERENCE TOTE BAG
 NACO will only provide bags to attendees who select to receive one. Please indicate if you would like to receive a conference bag and one will be ordered for you.
 YES NO SPOUSE/GUEST

NACO 2016 LEGISLATIVE CONFERENCE
 Additional Session Requiring Advance Sign Up
Technology Summit: Saturday, February 20 (included in your registration fee)
 8:30 a.m. - 5:00 p.m.
 YES, I WOULD LIKE TO ATTEND THIS SESSION
 Total Amt. Due: \$515
 Payment Method: (select one)
 AMERICAN EXPRESS VISA MASTERCARD
 DISCOVER CHECK P.O. BOX
 Card Number: [REDACTED]

Please return your completed registration form to:
 NACO
 PO Box 72007
 Baltimore, MD 21294-0007

Or fax your completed form to: 666.742.3229
 On-line registration available at: www.naco.org
 Questions? Please call: 202.942.4292
 or email: info@naco.org

DIETARY RESTRICTIONS
 Please let us know if you have any of the following dietary needs. (check each that apply)
 GLUTEN FREE VEGAN LOW SODIUM VEGETARIAN (ACTO-OVO)
LIST ANY ALLERGIES:

SPECIAL SERVICES (CHECK IF APPLICABLE)
 I WILL REQUIRE SPECIAL ASSISTANCE
 Please let us know your requirements by emailing us at nacoconferences@naco.org

Payment Policy: Conference registration fee must accompany this form. Cash checks or company purchase orders must be payable to the National Association of Counties, at the Conference Registration Center at the address listed below. A purchase order will only be used as a registration fee form must be paid in full in order to attach your badge and registration material at the conference.

Cancellation Policy: Refund of conference registration fee, less an administrative fee of \$75 will be made if a written notice of conference registration cancellation is postmarked on or before January 22, 2016. Cancellations requests postmarked January 23, 2016 - February 22, 2016 will be subject to an administrative fee equal to one-third of the registration fee. This applies to all registration types including group and spouse fees. NO REFUND REQUESTS WILL BE HONORED for registrations cancelled after February 23, 2016 or for "no-shows". Sorry, no telephone cancellations will be accepted. Cancellations must be requested in writing. You may see your written cancellation request at: 666.742.3229 or email: info@naco.org

Hotels: If you cancel your registration after January 20, 2016 any hotel reservation associated with your registration will also be cancelled. However, if you cancel after January 20, 2016, you will need to call the hotel directly to cancel your reservation.

Record
Locator

VCWPTI



DB

Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
American	3790	JACKSON MS SUN 21FEB 7:30 AM	WASHINGTON REAGAN 10:52 AM	N
OPERATED BY AIR WISCONSIN AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
David Bishop	Seat 9D	Economy		Food For Purchase
American	5359	WASHINGTON REAGAN WED 24FEB 8:27 PM	JACKSON MS 10:15 PM	G
OPERATED BY PSA AIRLINES AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
David Bishop	Seat 9C	Economy		Food For Purchase

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
David Bishop	0012361669627	253.95	47.25	301.20

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -JANDCA-No free checked bags/ American Airlines BAG ALLOWANCE -DCAJAN-No free checked bags/ American Airlines 1STCHECKED BAG FEE-JANDCA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-DCAJAN-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-JANDCA-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-DCAJAN-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

One or more of your flights is a Codeshare flight and is operated by a Partner Airline. If your journey begins with a flight operated by one of American's Partner Airlines, then please check-in with the Partner Airline for that portion of your journey. Upon check-in, they will check your luggage to its final destination and provide boarding passes for your connecting flights, if applicable.



Record
Locator

QTCVCH



Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
American	3790	JACKSON MS SUN 21FEB 7:30 AM	WASHINGTON REAGAN 10:52 AM	N
OPERATED BY AIR WISCONSIN AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Shelton Vance	Seat 11C	Economy		Food For Purchase
Tony Greer	Seat 6F	Economy		Food For Purchase
American	5359	WASHINGTON REAGAN WED 24FEB 8:27 PM	JACKSON MS 10:15 PM	S
OPERATED BY PSA AIRLINES AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Shelton Vance	Seat 10D	Economy		Food For Purchase
Tony Greer	Seat 9D	Economy		Food For Purchase

*SU
TG*

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
Shelton Vance	0012361664582	224.19	45.01	269.20
Tony Greer	0012361664583	224.19	45.01	269.20

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -JANDCA-No free checked bags/ American Airlines BAG ALLOWANCE -DCAJAN-No free checked bags/ American Airlines 1STCHECKED BAG FEE-JANDCA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-DCAJAN-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-JANDCA-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-DCAJAN-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

One or more of your flights is a Codeshare flight and is operated by a Partner Airline. If your journey begins with a flight operated by one of American's Partner Airlines, then please check-in with the Partner Airline for that portion of your journey. Upon check-in, they will check your luggage to its final destination and provide boarding passes for your connecting flights, if applicable.

1) Madison County
2) 601 859 5875

Date/Time: Jan. 7. 2016 4:35AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5353 Memory TX	918667415129	P. 2	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 2) Busy
 E. 3) No answer
 E. 4) No facsimile connection
 E. 5) Exceeded max. E-mail size



Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records. If you require hotel accommodations, complete the Hotel Reservation Form.

LAST NAME: BISHOP
 FIRST NAME: DAVID
 TITLE: Supervisor
 COUNTY/ORGANIZATION: Madison County, Mississippi (Account # 28089)
 CITY: Canton
 ADDRESS: PO Box 608
 STATE: MS ZIP CODE: 39046 TELEPHONE: 601-859-5103 CELL PHONE: 601-859-5875 FAX: EMAIL: dbishsp@CS.com

OPT OUT. PLEASE CHECK HERE IF YOU DO NOT WANT YOUR INFORMATION SHARED.

FAMILY/GUEST INFORMATION (IF APPLICABLE)
 Spouse/Guests and Youth registration fees include admission to all General Sessions, Monday's Luncheon, and the President's Reception.
 *If you are a county or corporate employee you may not register as a guest

SPOUSE/GUEST* YOUTH(S)
 FULL NAME FULL NAME AFFILIATE

NEW TO NACo? (Check any of the statements below that apply to you)
 MY COUNTY IS A NEW NACo MEMBER
 THIS IS MY FIRST NACo CONFERENCE
 I AM A MEMBER OF THE

REGISTRATION FEES (CHECK BOX THAT APPLIES)
 ** SPECIAL OFFER: If you register ON-LINE for the 2016 Legislative Conference your registration fee is \$25 less than the fee on mail-in price. Go to the NACo web site to register: www.naco.org

	EARLY BIRD (FAX ORDER BY 1/6)	ADVANCE FEAR/ (MAIL 1/7-2/1)	ON SITE/FIN WASHINGTON, D.C.
NACo Board of Directors	<input checked="" type="checkbox"/> \$315	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo County Member	<input type="checkbox"/> \$285	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
State Association of Counties Staff	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo Corporate Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
County Non-Member	<input type="checkbox"/> \$780	<input type="checkbox"/> \$765	<input type="checkbox"/> \$850
Corporate Non-Member	<input type="checkbox"/> \$790	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1,010
Government (Federal or State employees only)	<input type="checkbox"/> \$565	<input type="checkbox"/> \$635	<input type="checkbox"/> \$745
Spouse/Guest	<input type="checkbox"/> \$190	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Full Time Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press/Editorial Staff (ONLY)	<input type="checkbox"/> Complimentary		

CONFERENCE TOTE BAG
 NACo will only provide bags to attendees who select to receive one. Please indicate if you would like to receive a conference bag and one will be ordered for you.

YES NO SPOUSE/GUEST

NACo 2016 LEGISLATIVE CONFERENCE
 Additional Session Requiring Advance Sign Up
Technology Summit: Saturday, February 20
 (Included in your registration fee) 8:30 a.m. - 5:00 p.m.

YES, I WOULD LIKE TO ATTEND THIS SESSION

Total Amt. Due: \$ 515
 Payment Method: (select one)
 AMERICAN EXPRESS VISA MASTERCARD
 DISCOVER CHECK P.O. BOX

Cardholder's Name: Madison County BOS
 Exp. Date: 1/17/16
 Your signature authorizes NACo to charge your credit card for the total amount due.

Please return your completed registration form to:
 NACo
 PO Box 7460
 Baltimore, MD 21279-0660

Or (if you completed forms to: 855.743.5279
 On-Line registration see http://www.naco.org
 Questions? Please call: 202.641.6246
 or 800. 446.6666

DIETARY RESTRICTIONS
 Please let us know if you have any of the following dietary needs. (check each that apply)
 GLUTEN FREE VEGAN LOW SODIUM VEGETARIAN (LACTO-OVD)

LIST ANY ALLERGIES:

SPECIAL SERVICES (CHECK IF APPLICABLE)
 I WILL REQUIRE SPECIAL ASSISTANCE

Please let us know your requirements by emailing us at nacomeetings@naco.org

Payment Policy: Co/PA/NACo registration fee must accompany all items. Send check or money purchase order payable to the National Association of Counties, in the Conference Registration Center 30, the subject listed herein. A purchase order will only accept a registration. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

Cancellation Policy: Refund of conference registration fee, less an administrative fee of \$75 will be made if a written notice of conference registration cancellation is postmarked no later than January 31, 2016. Cancellation requests received January 23, 2016 - February 12, 2016 will be subject to an administrative fee equal to one-half of the registration fee (due to the registration fee split including goods and services). All registration requests will be processed for registration cancellation after February 12, 2016 as for "no-refund". Sorry, no telephone cancellations will be accepted. Cancellations must be requested by using the web site. Cancellation request fee: \$65.743.5279 or email nacomeetings@naco.org

Notes: If you cancel your registration prior to January 20, 2016 any hotel reservations associated with your registration will also be cancelled. However, if you cancel after January 20, 2016, you will need to call the hotel directly to cancel your reservation.

1) Madison County
2) 601 859 5875

Date/Time: Jan. 7. 2016 3:32AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5351 Memory TX	918667415129	P. 4	OK	

Reason for error
 E. 1) Hang up or line fail
 E. 2) Busy
 E. 3) No answer
 E. 4) No facsimile connection
 E. 5) Exceeded max. E-mail size



Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records. If you require hotel accommodations, complete the Hotel Reservation Form.

LAST NAME: Vance FIRST NAME: Shelton TITLE: Comp Procter
 MIDDLE NAME: _____ COUNTY/ORGANIZATION: Madison County, Mississippi (Account # 28089)
 ADDRESS: PO Box 608 CITY: Canton
 STATE: MS ZIP CODE: 39046 TELEPHONE: 601-815-5103 CELL PHONE: _____ FAX: _____ EMAIL: 601-815-5875 Vance@madison-co.com

OPT OUT, PLEASE CHECK HERE IF YOU DO NOT WANT YOUR INFORMATION SHARED.

FAMILY/GUEST INFORMATION (IF APPLICABLE)
 Spouse/Guest and Youth registration fees include admission to all General Sessions, Monday's Luncheon, and the President's Reception.
 *If you are a county or corporate employee you may not register as a guest

SPOUSE/GUEST* _____ YOUTH(S) _____
 FULL NAME _____ FULL NAME _____ AFFILIATE _____

REGISTRATION FEES (CHECK BOX THAT APPLIES)
 *SPECIAL OFFER: If you register ON-LINE for the 2016 Legislative Conference your registration fee is \$25 less than the box or mail-in price. Go to the NACo web site to register: www.naco.org

	EARLY BIRD (FAX/MAIL) BY 1/6	ADVANCE (FAX/MAIL) 1/9-2/19	ON SITE (WASHINGTON, D.C.)
NACo Board of Directors	<input checked="" type="checkbox"/> \$615	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo County Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$240	<input type="checkbox"/> \$350
State Association of Counties Staff	<input type="checkbox"/> \$545	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo Corporate Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
County Non-Member	<input type="checkbox"/> \$790	<input type="checkbox"/> \$765	<input type="checkbox"/> \$850
Corporate Non-Member	<input type="checkbox"/> \$790	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1,010
Government (Federal or State employees only)	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$745
Spouse/Guest	<input type="checkbox"/> \$100	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Full Time Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press (Editorial Staff ONLY)	<input type="checkbox"/> Complimentary		

CONFERENCE TOTE BAG
 NACo will only provide bags to attendees who select to receive one. Please indicate if you would like to receive a conference bag and one will be ordered for you.

YES NO SPOUSE/GUEST
 MY COUNTY IS A NEW NACo MEMBER
 THIS IS MY FIRST NACo CONFERENCE
 I AM A MEMBER OF THE _____

NACo 2016 LEGISLATIVE CONFERENCE
 Additional Session Requiring Advance Sign Up
Technology Summit:
 (Included in your registration fee) Saturday, February 20
 8:30 a.m. - 5:00 p.m.

YES, I WOULD LIKE TO ATTEND THIS SESSION

Total Amt. Due: \$ 515

Payment Method: (select one)
 AMERICAN EXPRESS VISA MASTERCARD
 DISCOVER CHECK P.O. BOX

Card Name: _____
 Cardholder Name: Madison County BOS
 Exp. Date: 1/17 Sig: [Signature]
 Your signature authorizes NACo to charge your credit card for the total amount due.

DIETARY RESTRICTIONS
 Please let us know if you have any of the following dietary needs: (check each that apply)
 GLUTEN FREE VEGAN LOW SODIUM VEGETARIAN (LACTO-OVO)
 LIST ANY ALLERGIES: _____

SPECIAL SERVICES (CHECK IF APPLICABLE)
 I WILL REQUIRE SPECIAL ASSISTANCE
 Please let us know your requirements by emailing us at nacommeetings@naco.org

Payment Policy: Conference registration fee must accompany this form. Land (check) or company purchase order, payable to the National Association of Counties, to the Conference Registration Center at the address listed below. A purchase order will only hold a reservation. All fees must be paid in full in order to obtain your badge and registration materials at the conference.

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Note: If you cancel your registration prior to January 20, 2016 any travel reservation associated with your registration will also be canceled. However, your cancellation after January 20, 2016, your withdrawal will be handled directly to cancel your reservation.



registration form

2016 NACo LEGISLATIVE CONFERENCE

FEBRUARY 20-24 WASHINGTON, D.C.

Please type or print clearly all applicable information requested below. Information following asterisks (*) will appear on your Conference badge. Please make a copy for your records. If you require hotel accommodations, complete the Hotel Reservation Form.

Greer Tony Administrator
 *LAST NAME *FIRST NAME *TITLE
 Madison County, Mississippi (Account # 28089)
 *COUNTY/ORGANIZATION
 PO Box 608 Canton
 *NICKNAME ADDRESS *CITY
 MS 39046 601-844-5503 601-899-5875 tony.greer@madison-co.com
 *STATE ZIP CODE TELEPHONE CELL PHONE FAX EMAIL

OPT OUT. PLEASE CHECK HERE IF YOU DO NOT WANT YOUR INFORMATION SHARED.

FAMILY/GUEST INFORMATION (IF APPLICABLE)

Spouse/Guest and Youth registration fees include admission to all General Sessions, Monday's Luncheon, and the President's Reception.

*if you are a county or corporate employee you may not register as a guest

SPOUSE/GUEST*

YOUTH(S)

FULL NAME

FULL NAME

NEW TO NACo? (Check any of the statements below that apply to you)

- MY COUNTY IS A NEW NACo MEMBER
- THIS IS MY FIRST NACo CONFERENCE
- I AM A MEMBER OF THE

AFFILIATE

REGISTRATION FEES (CHECK BOX THAT APPLIES)

** SPECIAL OFFER: If you register ON-LINE for the 2016 Legislative Conference your registration fee is \$25 less than the fax or mail-in price. Go to the NACo web site to register: www.naco.org

	EARLY BIRD (FAX/MAIL) BY 1/8	ADVANCE (FAX/MAIL) 1/9-2/19	ON SITE IN WASHINGTON, D.C.
NACo Board of Directors	<input checked="" type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo County Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
State Association of Counties Staff	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
NACo Corporate Member	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540	<input type="checkbox"/> \$650
County Non-Member	<input type="checkbox"/> \$740	<input type="checkbox"/> \$765	<input type="checkbox"/> \$850
Corporate Non-Member	<input type="checkbox"/> \$790	<input type="checkbox"/> \$840	<input type="checkbox"/> \$1,010
Government (Federal or State employees only)	<input type="checkbox"/> \$565	<input type="checkbox"/> \$615	<input type="checkbox"/> \$745
Spouse/Guest	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Full Time Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Youth	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
Working Press (Editorial Staff ONLY)	<input type="checkbox"/> Complimentary		

CONFERENCE TOTE BAG

NACo will only provide bags to attendees who select to receive one. Please indicate if you would like to receive a conference bag and one will be ordered for you.

- YES
- NO
- SPOUSE/GUEST

NACo 2016 LEGISLATIVE CONFERENCE

Additional Session Requiring Advance Sign Up

Technology Summit:

(included in your registration fee) Saturday, February 20 8:30 a.m. - 5:00 p.m.

- YES, I WOULD LIKE TO ATTEND THIS SESSION

Total Amt. Due: \$515

Payment Method: (select one)

- AMERICAN EXPRESS
- VISA
- MASTERCARD
- DISCOVER
- CHECK
- P.O. BOX

Card Number: [REDACTED]

Cardholder's Name: Madison County BOS

Exp. Date: 4/17 Sig: [Signature]

Your signature authorizes NACo to charge your credit card for the total amount due.

Please return your completed registration form to:

NACo
PO Box 79007
Baltimore, MD 21279-0007

Or fax your completed forms to: 866.741.5129
On-Line registration available at: www.naco.org
Questions? Please call: 202.942.4292
or email: nacomeetings@naco.org

DIETARY RESTRICTIONS

Please let us know if you have any of the following dietary needs: (check each that apply)

- GLUTEN FREE
- VEGAN
- LOW SODIUM
- VEGETARIAN (LACTO-OVO)

LIST ANY ALLERGIES:

SPECIAL SERVICES (CHECK IF APPLICABLE)

- I WILL REQUIRE SPECIAL ASSISTANCE

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February 12, 2016 or for "no-shows". Sorry, no telephone cancellations will be accepted. Cancellations must be requested in writing. You may fax your written cancellation request to: 866.741.5129 or email nacomeetings@naco.org.

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registration form

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FEBRUARY 20-24
WASHINGTON, D.C.

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Snell _____ *LAST NAME
 Katherine _____ *FIRST NAME
 Board Attorney _____ *TITLE
 _____ *NICKNAME
 Madison County, Mississippi (acct # 28089) _____ *COUNTY/ORGANIZATION
 PO Box 608 _____ Canton _____ *CITY
 MS 39046 _____ 601-855-5503 _____ 601-859-5875 _____ hardy@madison-co.com
 *STATE ZIP CODE TELEPHONE CELL PHONE FAX EMAIL

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**if you are a county or corporate employee you may not register as a guest*

SPOUSE/GUEST* YOUTH(S)

FULL NAME FULL NAME

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- YES NO SPOUSE/GUEST

NACo 2016 LEGISLATIVE CONFERENCE

Additional Session Requiring Advance Sign Up

Technology Summit:

(included in your registration fee) Saturday, February 20
8:30 a.m. - 5:00 p.m.

- YES, I WOULD LIKE TO ATTEND THIS SESSION

Total Amt. Due: \$ 540

Payment Method: (select one)

- AMERICAN EXPRESS VISA MASTERCARD
- DISCOVER CHECK P.O. BOX

Card Number: [REDACTED]

Cardholder's Name: Madison County BOS

Exp. Date: 4/17 Sig: [Signature]

Your signature authorizes NACo to charge your credit card for the total amount due.

Please return your completed registration form to:

NACo
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Record
Locator

UFLKTD



Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
American	3790	JACKSON MS SUN 21FEB 7:30 AM	WASHINGTON REAGAN 10:52 AM	N
OPERATED BY AIR WISCONSIN AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Katherine Snell	Seat 10D	Economy		Food For Purchase
American	5359	WASHINGTON REAGAN WED 24FEB 8:27 PM	JACKSON MS 10:15 PM	N
OPERATED BY PSA AIRLINES AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Katherine Snell	Seat 10F	Economy		Food For Purchase

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
Katherine Snell	0012362006007	208.37	43.83	252.20

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -JANDCA-No free checked bags/ American Airlines BAG ALLOWANCE -DCAJAN-No free checked bags/ American Airlines 1STCHECKED BAG FEE-JANDCA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-DCAJAN-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-JANDCA-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-DCAJAN-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

One or more of your flights is a Codeshare flight and is operated by a Partner Airline. If your journey begins with a flight operated by one of American's Partner Airlines, then please check-in with the Partner Airline for that portion of your journey. Upon check-in, they will check your luggage to its final destination and provide boarding passes for your connecting flights, if applicable.



Record
Locator

TXHBFE



Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
American	3790	JACKSON MS SUN 21FEB 7:30 AM	WASHINGTON REAGAN 10:52 AM	W
OPERATED BY AIR WISCONSIN AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Trey Baxter	Seat 10A	Economy		
American	5359	WASHINGTON REAGAN WED 24FEB 8:27 PM	JACKSON MS 10:15 PM	S
OPERATED BY PSA AIRLINES AS AMERICAN EAGLE CHECK-IN WITH AMERICAN EAGLE				
Trey Baxter	Seat 10C	Economy		

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
Trey Baxter	0012319263405	284.65	49.55	334.20

Trey Baxter - Additional Fare Collection
65.00

Additional Services	Date	Currency	Amount
Ticket Change	14 JAN 16	USD	200.00

Exchange, Visa XXXXXXXXXXXXX7579

Additional Services are subject to credit card approval at time of ticketing. Additional Services may appear on multiple accompanied documents as a matter of reference.

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -JANDCA-No free checked bags/ American Airlines BAG ALLOWANCE -DCAJAN-No free checked bags/ American Airlines 1STCHECKED BAG FEE-JANDCA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-DCAJAN-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-JANDCA-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-DCAJAN-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket

CARD SERVICES
 PO BOX 419734
 KANSAS CITY MO 64141-6734



Please Detach And Enclose Top Portion With Payment

New Balance	Payment Due Date	Past Due Amount	Minimum Payment	Amount Enclosed	
0.00	02/26/16	0.00	0.00		\$

Make Check Payable To:
 Card Services

Please check box if making address change as indicated on the back

Card Services
 PO Box 875852
 Kansas City MO 64187-5852

MADISON CO SHERIFF 2
 MADISON COUNTY BOS
 PO BOX 608
 CANTON MS 39046-0608



4715621981009047 0000000 0000000

Account Number Ending In: XXXX XXXX 8100 9047

Summary of Account Activity		
Previous Balance	\$	0.00
Payments	-	0.00
Other Credits	-	0.00
Purchases/Debits	+	0.00
Cash Advances	+	0.00
Finance Charges	+	0.00
New Balance		0.00
Credit Limit		10,000.00
Available Credit		10,000.00

Payment Information	
Statement Closing Date	02/01/16
New Balance	0.00
Minimum Payment Due	0.00
Payment Due Date	02/26/16
Past Due Amount	0.00

An amount followed by a minus (-) is a credit or a credit balance, unless otherwise indicated.

PAYMENT ADDRESS	ACCOUNT INQUIRIES AND	CARD SERVICES
CARD SERVICES	LOST STOLEN CARDS	PO BOX 419734
PO BOX 875852	800-821-5184	KANSAS CITY MO 64141-6734
KANSAS CITY, MO 64187-5852	816-843-2000 IN KANSAS CITY	

Telephoning about billing errors will not preserve your rights under federal law. See the Billing Rights Summary on the reverse side.

Transaction Information

Transaction Date	Posting Date	Reference Number	Purchases, Cash Advances, Payments, Credits and Adjustments since last statement	Amount
01/27	01/28	2475542DB4M8L1XH9	SHERATON NEW ORLEANS NEW ORLEANS LA MCC: 3503 MERCHANT ZIP: 70130 LODGING CHECK-IN DATE: 01/27/16 SALES TAX: \$ 0.00 TAX INCLUDED: 0 CUSTOMER CODE: 3800981	1,322.60
02/01	02/01	000000000000COMPC	TOTAL PURCHASES \$1,322.60 TOTAL \$1,322.60	0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Current Billing Period			
Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00
Cash Advances	0.00	0.00	0.00
Previous Billing Period			
Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	0.00	0.00	0.00

(v) = Variable Rate

Periodic rates and APRs may vary. See your Cardmember Agreement for an explanation. There is a 25-day grace period for Purchases but not for Cash Advances. You can avoid additional finance charges on Purchases if you pay the New Balance within 25 days of the Statement Closing Date (which may not be the same as the Payment Due Date). See reverse side for important information and disclosures and, if an Annual Fee was posted above, regarding renewals.

Sheraton New Orleans
 500 Canal Street
 New Orleans, LA 70130
 United States
 Tel: 504-525-2500 Fax: 504-561-0178



Charles (Chuck) Mcneal

Page Number : 2 Invoice Nbr : 580949
 Guest Number : 3800981
 Folio ID : A
 Arrive Date : 22-JAN-16 16:22
 Depart Date : 26-JAN-16 10:30
 No. Of Guest : 1
 Room Number : 4403
 Club Account :

Date	Reference	Description	Charges (USD)	Credits (USD)
24-JAN-16	RT4403	Other Room Charges	50.00	
24-JAN-16	RT4403	State Sales Tax	4.50	
24-JAN-16	RT4403	Valet Parking Overnight	44.80	
25-JAN-16	RT4403	Room Chrg Grp Association	199.00	
25-JAN-16	RT4403	City Sales Tax	7.96	
25-JAN-16	RT4403	State Sales Tax	17.91	
25-JAN-16	RT4403	Act 410 Assessment CVB	3.48	
25-JAN-16	RT4403	Occupancy Fee	3.00	
25-JAN-16	RT4403	Other Room Charges	50.00	
25-JAN-16	RT4403	State Sales Tax	4.50	
25-JAN-16	RT4403	Valet Parking Overnight	44.80	
26-JAN-16	VM	Visa/Mastercard-6869		-42.32
		For Authorization Purpose Only		
		xxxxxx6869		
		Date Code Authorized		
		26-JAN-16 02681B 42.32		
26-JAN-16	VM	Visa/Mastercard-9047		-1322.60
		For Authorization Purpose Only		
		xxxxxx9047		
		Date Code Authorized		
		22-JAN-16 022889 1492.5		
		22-JAN-16 023019 372.35		
		** Total	1364.92	-1364.92

Continued on the next page

Sheraton New Orleans
 500 Canal Street
 New Orleans, LA 70130
 United States
 Tel: 504-525-2500 Fax: 504-561-0178



Charles (Chuck) Mcneal

Page Number : 1 Invoice Nbr : 580949
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 Arrive Date : 22-JAN-16 16:22
 Depart Date : 26-JAN-16 10:30
 No. Of Guest : 1
 Room Number : 4403
 Club Account :

Copy Tax Invoice

Tax ID :

Sheraton New Orleans 26-JAN-16 10:40 ROVESMI

Date	Reference	Description	Charges (USD)	Credits (USD)
22-JAN-16	54407187	Room Service	42.32	
22-JAN-16	RT4403	Room Chrg Grp Association	199.00	
22-JAN-16	RT4403	City Sales Tax	7.96	
22-JAN-16	RT4403	State Sales Tax	17.91	
22-JAN-16	RT4403	Act 410 Assessment CVB	3.48	
22-JAN-16	RT4403	Occupancy Fee	3.00	
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24-JAN-16	RT4403	Occupancy Fee	3.00	

Continued on the next page

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 United States
 Tel: 504-525-2500 Fax: 504-561-0178



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 Club Account :

*** Balance 0.00

Stay Connected with the Link@Sheraton experienced with Microsoft. Join us at the Link, our lobby connectivity hub where guests meet, connect and relax. Whether you're surfing the Web, watching a game with friends, borrowing a newspaper or printing a boarding pass, out of town doesn't mean out of touch. Learn more at www.sheraton.com/link

As a Starwood Preferred Guest, you could have earned 1908 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay. www.sheraton.com/reviews

EXPENSE SUMMARY REPORT

Currency: USD

Date	Rm/Tax	Food/Bev	Telephone	Parking	Other	Total	Payment
01-22-2016	235.85	42.32	0.00	44.80	50.00	372.97	0.00
01-23-2016	235.85	0.00	0.00	44.80	50.00	330.65	0.00
01-24-2016	235.85	0.00	0.00	44.80	50.00	330.65	0.00
01-25-2016	235.85	0.00	0.00	44.80	50.00	330.65	0.00
01-26-2016	0.00	0.00	0.00	0.00	0.00	0.00	-1364.92
Total	943.40	42.32	0.00	179.20	200.00	1364.92	-1364.92

Signature _____

ACA CONFERENCE
New Orleans, LA

CREDIT CARD:
NUMBER:
PERIOD:

VISA M&F
XXXXXXXXXX9047
January 22, 2016 thru January 26, 2016

Event/Purpose

Gang Investigator's Training

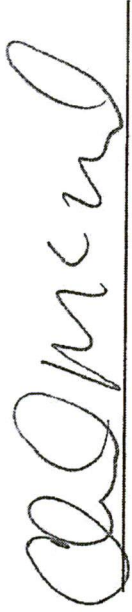
CARD USER

D-1 Major Chuck McNeal

	DATE OF USE	VENDOR NAME	AMOUNT	DESCRIPTION
Room/Tax	01/22/16 thru 01/26/2016	Sheraton New Orleans	\$943.40	
Parking	01/22/16 thru 01/26/2016	Sheraton New Orleans	\$179.20	
Other	01/22/16 thru 01/26/2016	Sheraton New Orleans	\$200.00	
TOTAL TO PAY			\$1,322.60	

TOTAL TO PAY

Signatures



COPY

001-220-480