

(c)

cc: Admin



222 West State Street, Trenton, New Jersey 08608
PHONE (609) 695-3481 • FAX (609) 695-0151
EMAIL league@njslom.com • www.njslom.com

William G. Dressel, Jr., EXECUTIVE DIRECTOR

Michael J. Darcy, CAE, ASSISTANT EXECUTIVE DIRECTOR



August 31, 2009

Dear Municipal Clerk:

Enclosed you will find an important registration form for the Women in Government Breakfast.

This long-standing tradition is held during the NJLM Annual League Conference and is sponsored by the League's Women In Municipal Government Committee. It is open to all municipal officials. However, we ask you to especially bring it to the attention of the women who work in your municipality.

Each year this breakfast is a sellout, so complete the registration form and return it with your voucher or check, to the New Jersey State League of Municipalities (NJLM), as soon as possible. Please note our new address. Make checks and vouchers payable to the:

New Jersey State League of Municipalities (NJLM)
222 West State Street
Trenton, NJ 08608

Tickets will also be available at the Atlantic City Convention Center, 2nd Floor League Registration counter, if not previously sold out.

If you have any questions regarding this, contact Gayle Krygier, Assistant Financial Administrator of the New Jersey State League of Municipalities at (609) 695-3481 x 119 or at gkrygier@njslom.com.

Sincerely,

William G. Dressel, Jr.
Executive Director

WGD/gk
enclosure

cc: Please distribute to members of your Governing Body and Department Heads.

WOMEN IN GOVERNMENT BREAKFAST

Presented by: The NJ League of Municipalities Women In Municipal Government Committee
 To be held during the 94th NJ State League of Municipalities Annual Conference



Guest Speaker:
Brigadier General
Maria Falca-Dodson
 Commander, NJ Air National Guard



A Salute to Women in the Military 6th Annual Outstanding Women in Government Award

(Voucher Certification and Breakfast Registration Form)

Sheraton Atlantic City Thursday November 19, 2009
 Pearl Ballroom – 2nd Floor / 8:00 AM - Cost \$ 45.00 per person
 (No Refunds or Cancellations)

Mailing Contact Information

Municipality or Organization: _____ (Twp/Boro/City) (County) Governments only
 Contact First Name: _____ Last Name: _____ Title: _____

Telephone () _____ Fax () _____ E-mail _____

IF YOU ARE ATTENDING REGISTER BELOW. TICKETS WILL BE SENT TO THE MAILING CONTACT PERSON

Shipping Address

Address: _____

Address Continue _____

City: _____ State: _____ Zip Code: _____

Billing Address (If billing address different from shipping enter below)

Address: _____

Address Continue _____

City: _____ State: _____ Zip Code: _____

ATTENDEES INFORMATION *(Print or Type Registrants Information Below)

	Pre-Registrants Names (No Abbreviations)	Title (No Abbreviations)	Email Address
Example	Jane Smith	Business Administrator	jsmith@yourmunicipality.com
1			
2			
3			

If More Room is Needed, Attach Additional Sheet. (This Form May be freely Reproduced) _____ Check If Additional Names Are Attached

(PLEASE NOTE ALL FIELDS BELOW ARE REQUIRED FIELDS AND MUST BE FILLED OUT COMPLETELY, INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED)

CLAIMANTS' CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials/articles will be furnished or services rendered as stated herein and that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

MAKE ALL CHECKS PAYABLE TO :

NJLM
 222 West State Street
 Trenton, NJ 08608

Date: **August 31, 2009** Federal Identification # 21-6-000935

William G. Dressel, Jr.
 William G. Dressel, Jr., Executive Director

*Upon Receipt of Orders **No Cancellations, No Refunds**
 *An Alternative May Be Sent
***We Do Not Accept Faxed Orders**

CERTIFICATION BY APPROVAL OFFICIAL

1. Registering with Purchase order/Voucher

I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim.

The payment shall be chargeable to **Appropriation Account(s)**: _____ IN HOUSE PO# _____ in the Amount \$ _____

Signature: _____ Title _____ Date _____

CFO, Finance Director

2. Registering with Enclosed Check # _____ In The Amount of \$ _____

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service (See Certification Above). Since the Local Finance Board has approved this form your voucher for separate signature is not needed. However, for tracking inquires on pre-registration(s) please insert in-house