

NJLM Educational Foundation Presents:

SEMINAR TITLE: "Understanding and Implementing the New Jersey School Funding Formula"

DATE & LOCATION: Friday 9/19/08 9am to 1:30pm
Middlesex County Community College
Edison, NJ

REGISTRATION FEE: \$35.00 per Registrant

Returning a copy of this completed form insures you a reservation at the above seminar. Just send us this form with or without a check. No need to send us your voucher for a separate signature because **This form has been approved by the Local Finance Board and meets the requirements for certification of performance of service.**

CANCELLATION POLICY If you are unable to attend this seminar, you may transfer your registration to a colleague, or fax us three (3) working days before the seminar and we will be happy to issue a refund.

We need a copy of your voucher/PO as promise of payment before we can process your registration

VENDOR			
<u>CLAIMANT'S CERTIFICATION AND DECLARATION</u>			
<p>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 have been furnished or services rendered as stated herein; 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.</p>			
1/24/08	202-904-148/000	<i>William S. Demallo</i>	Treasurer
Date	Federal I.D. #	Signature	Official Position
CERTIFICATION BY RECEIVING AGENCY		CERTIFICATION BY APPROVAL OFFICIAL	
<p>I, having knowledge of the facts, certify and declare that the materials have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures, or verifiable information.</p>		<p>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:</p>	
<p>_____</p> <p>Signature</p>		<p>Appropriation Account(s) Charged _____ P.O. # _____</p> <p>Amount(s): \$ _____</p>	
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Signature</p>	
<p>_____</p> <p>Title</p>		<p>_____</p> <p>Title (CFO, Finance Director)</p>	
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Date</p>	

SEMINAR REGISTRATION (Please fill in all of the below information)

	Name of Seminar Registrant	Title	Municipal Phone #	#In Case of Emergency Cancellation
1)				
2)				
3)				
4)				
5)				

Contact Person: _____

Municipality: _____

Address: _____ City: _____ St: _____ Zip: _____

PLEASE NOTIFY US IF YOU DESIRE ANY SPECIAL COMMUNICATION EQUIPMENT OR SERVICES

MAKE CHECKS PAYABLE TO:

NJLM Educational Foundation
222 West State Street - Trenton, NJ 08608

Phone: (609) 695-3481
Fax: (609) 695-0151

DIRECTIONS ARE ON THE BACK