

REGISTRATION, INVOICE & VOUCHER CERTIFICATION FORM

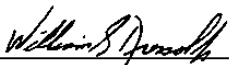
**Emergency Management:
Utilities and Shore Communities**

Date: September 13, 2011
8:30 AM – 3:00 PM
Atlantic Office of Emergency Preparedness
Canale Training Center
5033 English Creek Ave, Egg Harbor, NJ

REGISTRATION FEE: \$75.00 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. HOWEVER, A PURCHASE ORDER NUMBER IS REQUIRED TO PROCESS THIS REGISTRATION FORM.**

Cancellation Policy: Cancellations will be accepted until 4:00 p.m., (3) business days prior to an event. **Cancellations must be in writing.** You may substitute attendees, if necessary. After the cancellation deadline, there are no refunds.

VENDOR CLAIMANT'S CERTIFICATION AND DECLARATION			
<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>			
<u>1/01/11</u>	<u>2904148</u>		<u>Executive Director</u>
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: <u>If PO is REQUIRED, THEN THE PO# MUST BE NOTED!</u></p>	
<p>_____</p> <p>Signature</p>		<p><u>Appropriation Account(s) Charged</u> <u>P.O. # - MANDATORY</u></p>	
<p>_____</p> <p>Amount(s): \$</p>		<p>_____</p> <p>Signature</p>	
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>	
<p>_____</p> <p>Title</p>		<p>_____</p> <p>Title (CFO, Finance Director)</p>	

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

	Name of Seminar Registrant	Title	E-Mail Address	Municipal Phone #	In Case of Emergency Contact Phone #
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 xtn 111
Fax: (609) 695-0151