CITY OF RAPID CITY TRAVEL REQUEST

Person requesting travel	n Green	Department	by attorney
I hereby request permission to travel for justify cost involved.) Attend TMLA	r the following purpose: (Give sp	pecific nature of business a	na Interest of the City to
List all other City employees, if any, mal	king the trip for the same purpo	ose:	
Place of meeting or destination: Mico Date of meeting /0//8/09 — Date trip to begin /0//7/09 Method of transportation requested	- / <i>6</i> / <i>2</i> 4/ <i>0</i> 9 Date trip	will end <u>/O/JJ/09</u>	
Estimated transportation cost Meals Lodging		\$ 475.0 210.0 375.0 240.0 \$ 3500.	xO
Signed(person requesting tra	Date	(Department Head)	Date
When the cost of the trip will exceed \$50 In accordance with the provisions of Ra requested in the foregoing application. N	00, per employee, this section rapid City ordinances and travel	must be signed. regulations, consent is he	reby given for travel as
requested in the loregoing applications w	·	Mayor	
When the cost of the trip will exceed \$1,	500, per event, Council approv	al is required.	
	Approved by Comm	on Council on	(Date)
White copy – Mayor	Yellow copy – Finance	Gol	d copy - Department copy



IMLA's 74th Annual Conference

Hilton Miami Downtown and Marriott Miami Biscayne Bay (Joined Hotels) Miami, Florida • October 18 - 21, 2009

REGISTRATION INFORMATION

☐ Check here if you are a new member or first time conference attendee

Name
Badge Name
Title
Local Government Entity or firm
Address
City/State/Zip
PhoneFax
E-mail
Guest Name:only if registering
Guest Badge Name:
Luncheon Ticket(s)(\$75.00 each) only guest need to purchase please check date(s) □ Monday □Tuesday
CLE Credits, Bar No
Please specify state(s)

NEW - HARD COPY POLICY*

Registration fees include flash drive of speakers materials. These materials will also be available for conference registrants from IMLA's web site one to two weeks prior to the meeting. If you require paper copies of speaker materials you must add an additional \$120 to your registration fee and check here. \square

INSTITUTE FOR LOCAL GOVERNMENT LAWYERS (ILGL)

New local government attorneys or more senior attorneys looking for a refresher may attend the ILGL for an additional fee. Please check here to register. □ Cost \$100. For more information go to IMLA web site for details.

Registration Fee includes: Admission to all sessions, conference materials and all IMLA social functions (not applicable to guest).

Guest Fees Include: Attendance at the social events.

IMLA Cancellation / Refund Policy: Cancellation must be received in writing by September 1, 2009 to qualify for a refund. All cancellations are subject to a \$50 (\$25 guest) administrative processing fee. After September 1, 2009, those not attending will receive the event materials in full consideration of registration fees paid. Replacements are always welcome. All refunds will be remitted 90 days after the event. Send all cancellations in writing to IMLA Event Department.

REGISTRATION FEES

TO RECEIVE AN ADDITIONAL \$50 DISCOUNT - REGISTER ONLINE at www.imla.org click on MyIMLA. (Not applicable to Guest Rates)

Registration Type	Super Saver Rate Ends 5/29/09	Early Bird Rate Ends 7/15/09	Regular Rate Ends 09/01/09	After 09/01/09	Additional Fee for Papers in Packets*
First Member	\$550	\$625	\$700	\$825	\$120
Additional Memb	er \$500	\$575	\$650	\$775	\$120
3 or More	\$450	\$525	\$600	\$750	\$120
Non-Member	\$1,322	\$1,374	\$1,500	\$1,600	\$120
Judicial	\$355	\$355	\$355	\$355	\$120
Guest/Spouse	\$125	\$125	\$150	\$200	n/a

To Register: Register on-line at www.imla.org MyIMLA for an additional \$50 Discount or receive the above rates by sending a copy of form & payment to: International Municipal Lawyers Association, 7910 Woodmont Avenue, Suite 1440, Bethesda, Maryland 20814, Phone 202.466.5424, Fax 202 785.0152 or E-mail: info@imla.org.

REGISTRATION INFOR	MATION:	
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Make all checks payable to the International Municipal Lawyers Association

☐ Bill Me ☐ Visa ☐ Master Card ☐ Check Enclosed (U.S. currency only)

Payment Must be Received by Rate End Date or Next Rate Will Apply.

End Date of Next Rate with Apply.
Amount \$
Name:
Account
Number:
Expiration Date:
4. .

Signature:

To help defray attrition expenses from the contracted conference hotel, an additional \$100 will be added to your registration fees if you do not stay at the Conference hotel (daily/drive in registrants excluded)