



**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS
100TH AND ANNUAL CONVENTION –
NAPS CALIFORNIA STATE BRANCH**

89TH ANNUAL AUXILIARY CONVENTION – CALIFORNIA NAPS

(Make photocopies for each attendee - one attendee per form, please)

Name: _____
(Print name as you wish it to appear on name badge)

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Branch No: _____ Postal Facility: _____

Branch/Auxiliary Officer Position: _____

Day Phone: _____ Evening Phone: _____

E-Mail Address: _____

Check all that apply to this individual:

- | | |
|---|--|
| <input type="checkbox"/> NAPS MEMBER (DELEGATE) | <input type="checkbox"/> AUXILIARY MEMBER (DELEGATE) |
| <input type="checkbox"/> FIRST TIME DELEGATE | <input type="checkbox"/> PAST STATE PRESIDENT |
| <input type="checkbox"/> STATE OFFICER | |
| <input type="checkbox"/> NATIONAL OFFICER | <input type="checkbox"/> AUXILIARY GUEST
<i>(only meals & entertainment)</i> |
| | <input type="checkbox"/> VISITORS
<i>(only meals & entertainment)</i> |

Cost Amount

Registration Fee

BEFORE March 1, 2024 \$200.00 _____
AFTER March 1, 2024 \$250.00 _____

Guest Tickets (Individual Events)

Presidents Reception \$60.00 _____
Auxiliary Luncheon \$50.00 _____
Banquet (Dinner/Dance) \$90.00 _____
TOTAL \$ _____

Complete registration form and make checks payable to **NAPS Branch 77**. Please include, "NAPS State Convention 2024" on the memo line. Mail completed form along with payment to:

Convention Registration Committee

NAPS Branch 77
PO BOX 215577
SACRAMENTO CA 95821-8577