



**NDPERS**

# Retiree Conference

**Medora Community Center**

**August 14-16, 2006**

**Medora, North Dakota**

Registration is simple. Follow these steps:

1. Complete the form below.
2. Attach your check or money order in the correct amount (either \$30 or \$38.95, which includes spouse lunch).
3. Call the TRMF by July 14 at 1-800-633-6721 to reserve lodging and obtain musical/fondue tickets.

## Registration Information/Form

To register for the conference, please mail the completed form below with your check or money order in the amount of \$30 by **July 14, 2006**. The registration fee includes lunch. Your spouse may attend the lunch for an additional cost of \$8.95. Registration is open to NDPERS retirees and will be taken on a first-come basis and is limited to 200. Other activities and/or meals will be at your own expense. **You will receive confirmation of your registration.**



To reserve lodging in Medora and to obtain tickets to the Medora Musical for Tuesday, August 15 (evening show) and the pitchfork fondue, call the Theodore Roosevelt Medora Foundation (TRMF) directly at 1-800-633-6721 and tell them you are with the NDPERS group. You must reserve your rooms on or before July 14, 2006 to obtain the NDPERS group rates (discounted rates shown below).

Badlands Motel	\$80.75
RoughRider Hotel	\$109
Burkhardt House	\$300
Wooley Boys Suites	\$169
Medora Campground (50 & 30 amp)	\$30.00
*Bully Pulpit Golf (18-hole) (Begin between 8-8:45 a.m.)	\$52.50 or \$69.30 with cart
Adult Medora Musical Ticket	\$27.50
Pitchfork Fondue (full steak, half steak, buffet only)	\$24.19, \$19.89, \$12.90

No reservations are required for golfing on Wednesday morning; just arrive between 8:00 to 8:45 a.m. (MDT) to make arrangements.

**PLEASE CALL TRMF DIRECTLY AT 1-800-633-6721 TO MAKE RESERVATIONS AND TELL THEM YOU ARE WITH THE NDPERS GROUP.**



Return this completed registration form along with your \$30 registration fee to:

Cheryl Stockert

NDPERS

PO Box 1657

Bismarck, ND 58502-1657

Make your check or money order payable to NDPERS.

Name: \_\_\_\_\_

Street Address and P.O. Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Yes, my spouse will attend the lunch. Please include \$8.95 to cover the cost of lunch for your spouse.