

Print Name

Please complete and **RETURN FORM BY JULY 1, 2016** to:

Credentials Committee / NACo Attn: Alex Koroknay-Palicz 25 Massachusetts Avenue, NW, Suite 500 Washington, DC 20001

You may also fax this form to:

866.370.9421 ... or scan and e-mail this form to: akpalicz@naco.org ... or have the voting delegate(s) carry it with him/her to the NACo conference and present it at the Credentials Desk.

If you do not plan on registering for the 2016 Annual Conference, there is no need to fill out and return this form. Your county/parish/borough MUST have at least one paid conference registration to be able to vote.

By signing this form you are declaring that you and the other conference attendees from your county have agreed that you are the voting delegate for your county.

If your ballot is not pi the 2016 Annual Con President of your Stat will pick up and cast y votes unless you chec below.	ference the te Association your county's
If my ballot is no IDO NOT AUTH state association to p my county's vote. I ur my county's votes will if I select this option.	HORIZE my lick up or cast nderstand that
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