**National Association of Parliamentarians®**

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**National Representative Request Form**

For use by Districts for the 2019-2021 biennium

Each association will be allowed to have a NAP Representative ***once*** during the biennium. Please see the details on the following page.

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| **Association Name** |  |
|  |  |
| **Meeting Dates***(arrival date through departure date)* |  |
|  |  |
| **Meeting Location** *(City, State/Province)* |  |
|  |  |
| **Nearest Airport to Meeting Location** |  |
|  |  |
| **Total Number of Anticipated Attendance***(NAP brochures will be mailed to the association president. These brochures should be placed inside the registration packets/folders for all the participants.)* |  |

List the names of one to three board members, in order of preference, who have not served as the NAP representative to your association in the past two years whom you wish to invite to your meeting if available and if approved by the NAP President. If you have no preference, please leave this section blank.

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|  | If no one listed above is available, our association will opt out of having a NAP Representative this year. |

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| Signature of Association President\* |

Fax or mail your request to NAP Headquarters. Allow two weeks for processing.

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NAP President Date

\* If submitting via e-mail, I understand that typing my name on the line above constitutes my official signature

of this document.

Associations will be allowed to have an official NAP Representative at an association meeting only **once** during the biennium, rather than each year. Associations may want to carefully consider their requests. In particular, associations should consider the following:

* If the association will be having a particularly important event (such as a milestone anniversary celebration) during one of the biennium years, and want to have an NAP Representative at that event, request a representative for that year only. This is particularly important if the celebration will be in the second year of the biennium; if the association receives an official representative visit during the first year, they will not receive another during the second year.
* If the association will have a change of officers between the first and second years of the biennium, it is important that the first-year officers and their likely successors work together in planning for an official representative visit to decide on the year in which the official visit will be requested.
* There may be instances in which none of the requested officials are available. Associations submitting a request should list only names of those they really want to have; furthermore, the association may also indicate that if their preferred choice is not available, they do not want an official representative that year. Then during the second year they can try again for their preferred choice(s).
* Associations should be encouraged to let the district director know if they will not be receiving an official NAP Representative visit for a particular year, so the district director may plan your visit to cover that year. Although the district director will not be considered an official NAP Representative during that visit, he/she will provide the same services (such as the NAP Update, workshop presentation, and installation of officers).

**National Association of Parliamentarians®**

**Information Form for National Representative**

This is to be completed by the contact person in the association or district and sent directly to the National Representative as soon as possible. **This should be received by the representative at no later than one (1) month prior to the meeting.** Please send copy of your program, agenda, call to convention, bylaws, and/or other information to help the representative prepare for the event. Most of this material may be covered in a telephone conversation.

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| Send to assigned National Representative |  |
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|  |
| Name of State Association/District |  |
| Contact Person |  |
| Address |  |
| City, State/Province, Zip Code |  |
| Home Phone |  |
| Mobile Phone |  |
| E-mail Address |  |
| Web site |  |
|  |  |
| **MEETING INFORMATION** |
| Meeting Date(s) |  |
| Nearest Airport |  |
| Meeting Facility |  |
| Address |  |
| City, State/Province, Zip Code |  |
| Phone |  |
| Approximate number of attendees |  |
|  |  |
| **HOTEL WHERE NAP REPRESENTATIVE WILL BE STAYING**(If different from meeting facility) |
| Hotel |  |
| Address |  |
| City, State/Province, Zip Code |  |
| Phone |  |
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| **NAP REPRESENTATIVE’S SCHEDULE**(Friday and/or Saturday night stay may be required if flying) |
| Suggested Arrival Day and Time |  |
| Suggested Departure Day and Time |  |
| *Ground Transportation:*An association member will meet you at the airport | *\_\_\_\_\_* Yes *\_\_\_\_\_* No |
| Taxi companies/phone numbers |  |
| Hotel shuttle service—phone number |  |
| Approximate cost (to be reimbursed by association/district) | *$* |  |
| Approximate amount of time to allow from airport |  |

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| **NAP REPRESENTATIVE'S RESPONSIBILITIES**(Indicate yes, no, or optional) |
| *\_\_\_\_\_\_\_\_\_\_* | ***NAP Update (Required******by NAP****)*A minimum of 20 minutes is recommended for the NAP Update. If more time is available, please indicate allowed time here: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *\_\_\_\_\_\_\_\_\_\_* | ***Workshop***The NAP Representative may present a maximum of one workshop. (NOTE: A minimum of at least one more workshop must be conducted by an association/district member.) Indicate preferred topic, amount of time allocated, level of training desired, and anticipated attendance. If the topic to be decided by the representative, indicate what topics have been covered in recent workshops to avoid duplication. |
| *\_\_\_\_\_\_\_\_\_\_* | ***Installation of Officers***The NAP Representative is requested to conduct the installation ceremony.List outgoing officers (names and titles):Slate of nominees for office (names and titles):Amount of time scheduled for installation: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Customs of association (e.g. Presentation of President’s pin, transfer of gavel, etc.): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *\_\_\_\_\_\_\_\_\_\_* | Attend pre- and/or post-convention board meetings, meal functions, etc. |

***List other responsibilities and additional information as necessary.***