

DWJ

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Jennifer L. Frizzell Work Phone No. 603-271-2641

Work Address: NH Senate, 107 N. Main Street, Concord, NH 03301

Office/Appointment/Employment held: Policy Director

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: Endowment for Health

Post Office Address:

Occupation:

Principal Place of Business:

RECEIVED OCT 05 2007 NEW HAMPSHIRE SECRETARY OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Endowment for Health

Name of Corporate/Entity Representative:

Work Address of Representative: 14 South Street, Concord, NH 03301

Value of Honorarium: Date Received: If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [ ] Exact [ ] Estimate

Value of Expense Reimbursement: \$1540.71 Date Received: 8/24/07 A copy of the agenda or an equivalent document must be attached to this filing. [X] Exact [ ] Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Policy Scholarship to Attend NCSL Annual Conference

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer [Signature]

10/5/2007 Date Filed

**ENDOWMENT FOR HEALTH**

14 SOUTH STREET  
CONCORD, NH 03301-3772  
603-228-2448

CITIZENS BANK NEW HAMPSHIRE  
SALEM, NH 03079  
54-153/114

**5322**

8/24/2007

PAY TO THE ORDER OF Jennifer Frizzell \$ **\*\*1,540.71**

One Thousand Five Hundred Forty and 71/100\*\*\*\*\* DOLLARS 

Jennifer Frizzell  
NH Senate  
107 North Main Street  
Concord, NH 03301-4951

*Jennifer Frizzell*

**ENDOWMENT FOR HEALTH**

Jennifer Frizzell  
Date 8/20/2007  
Type Bill  
Reference 82007

**5322**

	8/24/2007		
Original Amt.	1,540.71	Balance Due	1,540.71
		Discount	
		Check Amount	1,540.71
		Payment	1,540.71

Cash - Oper - Citizens

1,540.71



# 2007 Annual Meeting & Exhibition

August 5-9, 2007 - Boston Convention and Exhibition Center

## Individual Registration Form

(Media, exhibitors, and international attendees - please do NOT use this form.)

NATIONAL CONFERENCE  
of STATE LEGISLATURES

The Forum for America's Ideas

### Online Registration

www.ncsl.org/annualmeeting

### Registration Information

(303) 364-7810

E-mail: registration@ncsl.org

### Faxed/Mailed Registration

▪ Fax to NCSL (303) 364-7811

▪ Mail to NCSL Registration

7700 East First Place  
Denver, CO 80230

### Early Bird registration deadline is May 7, 2007.

Payment must be received by May 7 to receive the Early Bird fee.

### Advanced registration deadline is July 6, 2007.

**NEW** Badges will not be mailed prior to the meeting.

### Step 1 - Main Registrant Information

First Name: Jennifer  
Last Name: L. Frizzell  
Job Title: Policy Director  
Company Name: New Hampshire Senate  
Mailing Address: 107 North Main Street  
City: Concord  
State: NH  
Zip: 03301  
Telephone: 603 271 2041  
Confirmation E-mail Address: jennifer.frizzell@leg.state.nh.us

Home  Office  Statehouse

This is a permanent address change.  This is my first NCSL Annual Meeting.  
Please send information about the Walk for Wellness.

### Step 4 - Spouse or Adult Family Member Registration

\$150 per adult guest registrant

Registration fee is limited to spouse/partner or immediate family members 18 or older (see brochure or Web for details). Please check ANY TWO of the proposed tours below.

\$150 fee for adult guest listed below (use separate sheet for additional adult guests)

Adult Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Boston Revealed:  8/6 Mon  8/8 Wed  
On the Trail Through Cambridge:  8/7 Tue  8/9 Thu  
Revolutionary Battlegrounds:  8/6 Mon  8/8 Wed  
JFK Library & Presidents' Church:  8/7 Tue  8/9 Thu  
Gloucester and Rockport:  8/8 Wed

### Step 5 - Youth Program Registration

\$99 per youth registrant

Activities below are included in registration fee for ages 5-17. See brochure or Web for details.

\$99 fee for each youth guest listed below (use separate sheet for additional youth)

Youth Name: \_\_\_\_\_  
Age Group (check one):  5-10  11-17  
 8/6 Mon - Footsteps of Freedom  
 8/7 Tue - Journey to a New World  
 8/8 Wed - Survivor Boston  
 8/9 Thurs - Call of the Whales

Youth Name: \_\_\_\_\_  
Age Group (check one):  5-10  11-17  
 8/6 Mon - Footsteps of Freedom  
 8/7 Tue - Journey to a New World  
 8/8 Wed - Survivor Boston  
 8/9 Thurs - Call of the Whales

### Step 2 - Registration Categories and Fees

Please check one category and one fee.	Early Bird By May 7	Advanced By July 6	One Day Only *	Onsite After July 6
<input type="checkbox"/> State Legislator (L) or State Legislative Staff (S)	<input type="checkbox"/> \$455	<input checked="" type="checkbox"/> \$495	<input type="checkbox"/> \$305	<input type="checkbox"/> \$535
<input type="checkbox"/> Charitable Associations (C) or Government (G) or Universities (V) or Foundation for State Legislatures (F)	<input type="checkbox"/> \$675	<input type="checkbox"/> \$715	<input type="checkbox"/> \$480	<input type="checkbox"/> \$795
<input type="checkbox"/> Union (U) or Trade Associations (T) or Business (B) & all others	<input type="checkbox"/> \$790	<input type="checkbox"/> \$830	<input type="checkbox"/> \$535	<input type="checkbox"/> \$895

\* For One Day Only Registration - circle which day: Mon - Tue - Wed - Thu

Continuing Legal Education Fees  
(Check the Web for the pre-approved CLE sessions.)  \$100 per person

### Step 3 - Payment Method for Main Registrant

Total amount due from Step 2 \$ 495.00  
New Hampshire  
Senate  
Amt \$ 495.00

Bill State Legislature  
P.O. # \_\_\_\_\_ Agency \_\_\_\_\_  
 Payment by Check  
Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ (Payable to: NCSL Annual Meeting)

Payment by Credit Card  
 Visa  Amex  Pay Onsite  
 MasterCard  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ \* Total Amt: \$ \_\_\_\_\_  
\* Amount to be charged to the credit card for main registrant.

### Step 6 Method of Payment for Guests

Payment by Check (Payable to: NCSL Annual Meeting)  
Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Payment by Credit Card  
 Visa  Amex  Pay Onsite  
 MasterCard

Credit Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ \* Total Amt \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
\* Total amount to be charged to the credit card for guests.

ACCTG STAMP

FOR INTERNAL USE ONLY  
\_ Rate \_ Ship/Bill \_ Comm  
\_ Sub-Prod \_ Key Code  
\_ Ord Mth\* \_ Disc/Pay/PO  
\_ Email\* \_ Badge \_ Guest  
Ord # \_\_\_\_\_  
Batch # \_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_  
Brochure Key Code AM07W

See brochure or Website for cancellation and substitution fees and policies.