

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Kathryn G. Dodge Work Phone No. 271-2555 X 350

Work Address: 3 Barrell Court, Suite 300, Concord NH 03301-8543

Office/Appointment/Employment held: Executive Director, Postsecondary Education Commission

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: _____

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

JUN 30 2009

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: State Higher Education Executive Officers

Name of Corporate/Entity Representative: _____

Work Address of Representative: 3035 Center Green Drive, Suite 100 Boulder, CO 80301-2205

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: \$40.95 Date Received: 6/29/09 A copy of the agenda or an equivalent document must be attached to this filing. [] Exact [] Estimate

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

Network Steering Committee

"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

6/29/09 Date Filed

State Higher Education Executive Officers (SHEEO)
Network Steering Committee Meeting
May 27-28, 2009

REGISTRATION FORM

- Yes, I plan to attend the meeting
 No, I will be unable to attend the meeting but would like to send someone in my place

NAME: DR. Kathryn G. Dodge

FIRST NAME (AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE): Kathryn G. Dodge

TITLE: Executive Director DEPT: _____

ORGANIZATION: NH Postsecondary Education Commission

ADDRESS: 3 Barrell Court, Suite 300

CITY: Concord STATE: NH ZIP CODE: 03301-

PHONE: 603-271-2555 FAX: 603-271-2696
8543

E-MAIL ADDRESS: kdodge@pec.state.nh.us & pedes@pec.state.nh.us

Emergency Contact Information (OPTIONAL)

NAME: David Dodge RELATIONSHIP: Husband PHONE: 603-924-9607

Hotel Accommodations

A block of sleeping rooms has been reserved at the Renaissance Mayflower Hotel, 1127 Connecticut Avenue, NW, Washington, DC 20036 (202-347-3000). When we receive your registration, a sleeping room will be reserved in your name and your hotel confirmation number will be e-mailed to you.

To reserve your room before the cutoff date, please return this registration form **no later than Friday, April 17, 2009**. After the 17th, we cannot guarantee you a room. Single room charges will be billed directly to the SHEEO master account.

We would appreciate an arrival date / time and a departure date / time to help coordinate transportation and meals.

ARRIVAL DATE & TIME 5-27-09 late p.m. DEPARTURE DATE & TIME: 5-28-09 late p.m.

Please note any special room requirements you may have: confirmations 5-27-09

Dietary needs (medical/religious): _____

Travel

All travel costs will be covered by SHEEO. Please book your own flight; a reimbursement form will be provided at the meeting.

Please fax or e-mail this form by Friday, April 17, 2009 to—
SHEEO

ATTN: Natalie Mischler
3035 Center Green Drive, Suite 100
Boulder, CO 80301
(303) 541-1630 (phone)
(303) 541-1639 (fax)
nmischler@sheeo.org