{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: APPOINTMENT CONFIRMATION**

Dear {stdOCName}:

This is to confirm that you have an appointment with {Counselor} on {AppointmentDate} at {AppointmentStartTime}.

The NDPERS office is located at: 400 East Broadway Ave Suite 505

Bismarck ND

In preparation for this meeting, please bring the following item(s) with you:

* {x qu Item1}
* {x qu Item2}
* {x qu Item3}
* {x qu Item4}
* {x qu Item5}

If you need to cancel this appointment, please contact NDPERS at {stdNDPERSPhoneNumber} or toll free at {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division