

REGISTRATION Please PRINT name as it should appear on name tag. **Please use a separate form for each person attending.**

First Name _____ Last Name _____ Nickname for Badge _____

Title/Department _____ Company Name _____

Company Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____ Fax _____

Email _____ Twitter@ _____

Spouse/Companion Name _____ Nickname for Badge _____

Home Address (Needed for congressional appointments) _____

City _____ State _____ Zip+4 (REQUIRED w/ plus 4) _____

Are you a first-time attendee to the Washington Fly-In? Yes No

ADDITIONAL CONGRESSIONAL AND REGULATORY MEETING INFORMATION
Please list any other senators/representatives* in whose district(s) your company has additional facilities with whom you would like to meet.
Please list Members of Congress or staff with whom you have a pre-existing relationship.
Please list Fly-In attendee(s) you would like to attend the same meetings (If possible, such as spouse, child, employees, etc.).
Would you like to participate in meetings with key regulatory officials on the morning of May 17 (instead of returning to the Hill)? Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please note that congressional offices determine meeting availability. NACD cannot guarantee meetings.

REGISTRATION FORMS DUE MAY 5, 2017**

**Late registrations are accepted but make scheduling Hill meetings very difficult. It is advisable to register early.

REGISTRATION ITEMS (CHOOSE ONE)	FEE	AMOUNT
2017 NACD Washington Fly-In, May 16 - May 17, 2017 – Member Materials, Congress 101 orientation, congressional reception, Wednesday breakfast, hospitality room, and lunch are included.	\$425	
2017 NACD Washington Fly-In, May 16 - May 17, 2017 – Spouse Materials, Congress 101 orientation, congressional reception, Wednesday breakfast, hospitality room, and lunch are included.	\$425	
Emerging Leader Member Attendee Registration	\$199	
TOTAL DUE:		
Special Needs or Diet Restrictions:		

Payment Information: American Express MasterCard Visa Check/Money Order Enclosed (Payable to NACD)
Credit Card # _____ Expiration Date _____ Security Code _____

Card Member's Name (Print) _____ Signature _____