

Attendee Name: _____
(Please PRINT name as it should appear on name tag)

Company: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Nickname for Name Tag: _____

First-time attendee? YES/NO Email: _____ Twitter@: _____

Spouse/Companion--Full Name(s): _____
(Please PRINT name as it should appear on name tag)

MEETING REGISTRATION FEES		
Registration includes: Opening Reception on Monday evening; breakfast, lunch, and dinner on Tuesday; breakfast and lunch on Wednesday, and all general sessions.		
Member/Affiliate	\$ 400	
Additional Registrant	\$ 300	
Emerging Leader (Current Class/Recent Grad 2019)	\$ 250	
Non-Member	\$ 475	
Spouse / Companion Fee	\$ 225	
MEETING OPTIONAL ACTIVITIES		
<i>Open to Central/Southern Meeting Attendees ONLY</i>		
*Golf at Brown Deer Park Golf Course	\$125	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Tue., June 8, 12:15 p.m.- 5:30 p.m.)		
Do you need rental clubs? <input type="checkbox"/> Yes/ <input type="checkbox"/> No M <input type="checkbox"/> /F <input type="checkbox"/> R <input type="checkbox"/> / L <input type="checkbox"/> <i>Rental clubs are \$30/standard set paid onsite to pro shop.</i>		
*Reception at the Hotel	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in Meeting Registration
(Mon., June 7, 6:30 p.m. - 7:30 p.m.)		
*Networking Dinner at the Hotel	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Tues., June 8, 6:45 p.m. - 9:00 p.m.)		

**Must be a registrant of the Meeting to participate.*

Total Due: _____

ADDITIONAL TERMS/CONDITIONS PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF OUR ATTENDANCE WAIVER – FOUND AT THIS LINK https://www.nacd.com/pub/C74F7DF5-F93B-C856-5710-0AC4FA2D5903 :	<input type="checkbox"/> Yes, I accept the terms of the NACD Waiver Date: _____
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Payment Information: American Express MasterCard Visa Check Enclosed (Payable to NACD)

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Card Member's Name (Print): _____ Signature: _____

Return your completed registration form to:
 via e-mail to: meetings@nacd.com, or mail to NACD, 1560 Wilson Blvd., Ste 1100, Arlington, VA 22209

Meeting Registration Cancellation Policy: Cancellations must be made in writing via email at meetings@nacd.com. Cancellations received 15 business days prior to first day of event entitle registrant to a refund minus an administrative charge of 25% of the gross registration and activities fees. Cancellations after this date will not be eligible for refunds. Substitutions can be made at any time. (There is no fee for substitutions). For further information, email meetings@nacd.com or call (703) 527-6223.