

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 _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

First Time Exhibitor or Attendee? Yes No

REGISTRATION ITEMS (CHOOSE ONE)	MEMBER/AFFILIATE FEE	NON-MEMBER FEE*	AMOUNT DUE
Responsible Distribution Candidacy Class, August 9	FREE	N/A	FREE
Responsible Distribution Workshop ONLY, August 10	<input type="checkbox"/> \$459 After 7/16 <input type="checkbox"/> \$559	<input type="checkbox"/> \$659 After 7/16 <input type="checkbox"/> \$759	\$
Regulatory Workshop (TSCA Hot Topics) ONLY, August 11	<input type="checkbox"/> \$459 After 7/16 <input type="checkbox"/> \$559	<input type="checkbox"/> \$659 After 7/16 <input type="checkbox"/> \$759	\$
ChemEdge ONLY	<input type="checkbox"/> \$760 After 7/16 <input type="checkbox"/> \$960	<input type="checkbox"/> \$960 After 7/16 <input type="checkbox"/> \$1,160	\$
ChemEdge + Responsible Distribution Workshop COMBO	<input type="checkbox"/> \$1,135 After 7/16 <input type="checkbox"/> \$1,535	<input type="checkbox"/> \$1,385 After 7/16 <input type="checkbox"/> \$1,648	\$
ChemEdge + Regulatory Workshop COMBO	<input type="checkbox"/> \$1135 After 7/16 <input type="checkbox"/> \$1,535	<input type="checkbox"/> \$1385 After 7/16 <input type="checkbox"/> \$1,648	\$
ChemEdge + Responsible Distribution Workshop + Regulatory Workshop TRIO	<input type="checkbox"/> \$1,545 After 7/16 <input type="checkbox"/> \$1,945	<input type="checkbox"/> \$1,821 After 7/16 <input type="checkbox"/> \$2,221	\$
Emerging Leaders ChemEdge Participant Registration	<input type="checkbox"/> \$450	N/A	\$
Emerging Leaders Alumni (Completed in 2019 or 2020) ChemEdge Participant Registration	<input type="checkbox"/> \$575	N/A	\$
Exhibitor 1 st Attendee - (Booth # _____). First booth staff registration is complimentary.	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary	COMP
Exhibitor - Additional Attendee (Booth # _____) Use separate form for each booth staff.	<input type="checkbox"/> \$610	<input type="checkbox"/> \$610	\$

OPTIONAL ACTIVITIES			
Responsible Distribution & Regulatory Workshop Reception, Tuesday, August 10 (Workshop Attendees ONLY)	Included in registration	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Golf Outing, Wednesday, August 11 th Handicap: _____	<input type="checkbox"/> \$180		\$
Do you need rental clubs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> \$86/per set		\$
ChemEdge Attendees -- First Timers Reception, Wednesday, August 11	Included in registration	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ChemEdge Attendees -- Networking Event at Hotel, Thursday, August 12	Included in registration	Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL REQUIREMENTS

If you require special accommodations to fully participate, please email your requirements to meetings@naccd.com. Requests for accommodations including dietary needs must be made no later than July 16, 2021.

TOTAL DUE:	\$
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ADDITIONAL TERMS/CONDITIONS PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF OUR ATTENDANCE WAIVER – FOUND (HERE)	<input type="checkbox"/> Yes, I accept the terms of the NACD Waiver Date: _____
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*Nonmember fees apply to any non-NACD member, including contractors or consultants hired by NACD members.

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 via e-mail meetings@naccd.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@naccd.com. Cancellations received on or before **July 12**, entitle registrant to a refund minus an administrative charge of 25% of the gross registration and activities fees. After **July 12**, no refunds will be issued. Substitutions can be made at any time. (There is no fee for substitutions.)