

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)

**CENTRAL 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   | \$ 300 |
| Non-Member   | \$ 375 |
| Spouse / Companion Fee   | \$ 225 |

**CENTRAL MEETING OPTIONAL ACTIVITIES**

|   |   |  |
|---|---|--|
| <i>Open to Central Meeting Attendees ONLY</i>   |   |  |
| <b>*Golf at Willow Crest Golf Club</b>  | \$130   |  |
| (Mon., June 10, 11:00 a.m.- 4:00 p.m.)<br>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"/> Rental clubs are \$45/standard set paid onsite to pro shop. |   |  |
| <b>*Citgo Lemont Refinery Tour</b><br>(Mon., June 10, 1:00 p.m. - 4:30 p.m.)  | Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No | Included in Central Meeting Registration |
| <b>*Reception at the Hotel</b><br>(Mon., June 10, 6:30 p.m. - 7:30 p.m.)  | Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>*Networking Event &amp; Dinner at Ditka's</b><br>(Tues., June 11, 6:30 p.m. - 9:30 p.m.)   | Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

*\*Must be a registrant of the Central Meeting to participate*

**OPTIONAL POST MEETING REGULATORY WORKSHOP on FOOD SAFETY MODERNIZATION ACT**

|  |  |
|--|--|
| <b>REGISTRATION CATEGORIES</b>   | <b>REGISTRATION FEES</b>   |
| Member/Affiliate   | \$ 399   |
| Non-Member   | \$ 599   |
| <b>POST MEETING REGULATORY WORKSHOP OPTIONAL ACTIVITIES</b>              |  |
| <b>*Reception at the Hotel</b><br>(Wed., June 12, 6:00 p.m. - 7:00 p.m.) | Included in Workshop Registration<br>Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Total Due:** \_\_\_\_\_

**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 fax (703) 527-7747, e-mail 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.