

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 Attendee? Yes No

EARLY REGISTRATION (BEFORE MARCH 10, 2019)

	Regulatory Workshop (March 26)	Responsible Distribution Workshop (March 27-28)	Regulatory + Responsible Distribution Workshops (March 26-28)
Member/Affiliate/Candidate	<input type="checkbox"/> \$399	<input type="checkbox"/> \$399	<input type="checkbox"/> \$699
Additional Employee (Member Only)	<input type="checkbox"/> \$349	<input type="checkbox"/> \$349	<input type="checkbox"/> \$649
Non-Member*	<input type="checkbox"/> \$599	<input type="checkbox"/> \$599	<input type="checkbox"/> \$899

REGULAR REGISTRATION (AFTER MARCH 10, 2019)

Member/Affiliate/Candidate	<input type="checkbox"/> \$469	<input type="checkbox"/> \$469	<input type="checkbox"/> \$769
Additional Employee (Member Only)	<input type="checkbox"/> \$419	<input type="checkbox"/> \$419	<input type="checkbox"/> \$719
Non-Member*	<input type="checkbox"/> \$669	<input type="checkbox"/> \$669	<input type="checkbox"/> \$969

TOTAL DUE:

OPTIONAL ACTIVITIES

Responsible Distribution Appreciation Reception (Wed., March 27, 5:00-6:00 p.m.)- RD Workshop Attendees ONLY Will you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in Responsible Distribution Workshop Registration
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SPECIAL REQUIREMENTS

If you require special accommodations to fully participate, please email meetings@nacd.com your requirements. Requests for accommodations including dietary needs must be made no later than March 12, 2019.

**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 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.

Hotel Reservations: To receive the special group room rate of **\$139/night** at the Doubletree by Hilton Hotel Atlanta Airport, Atlanta, GA, make your hotel reservations by **March 5, 2019**. Call (404) 763-1600 or (800) 514-4296 and reference **National Association of Chemical Distributors** to receive the special group room rate.