

**REGISTRATION** Please PRINT name. **Please use a separate form for each person attending.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title/Department \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**First Time Attendee?** Yes  No

REGULATORY WORKSHOP	
REGISTRATION CATEGORIES	REGISTRATION FEES
Member/Affiliate	\$ 289
Non-Member	\$ 409

**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](mailto: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](mailto: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](mailto:meetings@nacd.com) or call (703) 527-6223.