

31ST NACS ANNUAL CONVENTION

June 25-27, 2019

Please complete the following information and return with payment to NACS. One attendee per form, please.

Name (Include all designations) _____ Position Title _____

Company/Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Badge First Name _____

Email _____ Website _____

Is this your first time attending an NACS Convention? Yes No
 Do you plan to attend Wednesday's Night Out? (Included in fee asked, for planning purposes.) Yes No

Registration – Select One:

Discounted Registration on or before May 24, 2019 **Regular/Late Registration after May 24, 2019**

- Producer Member \$525 \$600
- Additional Producer Member* \$500 \$575
- *For Corporate Members - First Registrant's Name _____
- Associate/Supplier Member \$725 \$800
- Additional Associate/Supplier Member* \$700 \$775
- *For Corporate Members - First Registrant's Name _____
- Non-Member Producer \$820 \$900
- Non-Member Associate/Supplier \$1,020 \$1,100
- Non-Member Producer – Attending for 1st Time \$525 \$600
- Non-Member Associate/Supplier – Attending for 1st Time \$725 \$800

1 Registration Amount \$ _____

Guest/Companion Meal Tickets

Only complete this section if you are bringing a guest who is not already registered but would like to attend only some of the meal functions.

Tuesday Welcome Reception # _____ @ \$75 per person \$ _____
 Name of Guest(s): _____

Wednesday Night Out # _____ @ \$125 per person \$ _____
 Name of Guest(s): _____

Continental Breakfast - (Circle Selection): Wednesday or Thursday
 # _____ @ \$35 per person \$ _____
 Name of Guest(s): _____

Lunch - (Circle Selection): Wednesday or Thursday
 # _____ @ \$55 per person \$ _____
 Name of Guest(s): _____

2 Guest Meals Amount \$ _____
1 + **2** = Total Amount Due \$ _____

Special Needs

If you or your guests have any special requirements (i.e. dietary restrictions, accessibility, etc.) indicate here. Please provide name if you are registering an extra guest meal:

Payment (in U.S. funds)

Check (payable to NACS) Visa MasterCard American Express Discover

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ Signature _____ CVV _____

Card Billing Address _____ City _____ State _____ Zip _____

Email Receipt to: _____

Cancellation Policy

Cancellations received on or before May 24 will receive their total fee minus a \$50 administrative processing fee. Cancellations received between May 24 and June 7 will receive a 50% refund of their total fees. There will be no reduction in fees for partial attendance. Cancellations received after June 7 and no-shows at the event will not be refunded.

Please mail or fax this registration form with payment to: **National Association of Consumer Shows (NACS)**

147 SE 102nd Ave., Portland, OR 97216, or Fax 503.253.9172

Questions? Call NACS at 800.728.6227 or 503.253.0832 • www.nacslive.com • info@nacslive.com