

2017 NAPBS ANNUAL CONFERENCE

SEPTEMBER 17 - 19, 2017
ORLANDO, FL • #NAPBS17

CREATING MAGICAL CONNECTIONS

Sponsor & Exhibitor Representatives Conference Registration Form

Organization Name: _____

Address: _____ City: _____ St/Prv: _____

Postal Code: _____ Country: _____ Phone: _____

Please select your company's sponsorship level:

- Diamond – 4 complimentary company registrations
- Platinum – 3 complimentary company registrations
- Gold – 2 complimentary company registrations
- Silver – 1 complimentary company registration
- Bronze – 1 half-price company registration

Please select your company's contracted exhibit space:

- Exhibitor Booth Package – 1 complimentary company registration per 10' x 10' booth
- Exhibitor Booth Only – 1 complimentary company registration per 10' X 10' booth – Quantity: ____

Complimentary Conference Registration

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Half-Price Registration

<u>EARLY-BIRD RATE</u>	<u>REGULAR RATE</u>	<u>ONSITE RATE</u>
Register by July 21	Register July 22-Sept. 1	Register after Sept. 1
Member: \$287.50 each	Member: \$325 each	Member: \$350 each
Non-Member: \$1,412.50 each	Non-Member: \$1,450 each	Non-Member: \$1,475 each

Name: _____

Email: _____

First-time Attendee?: YES NO

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Full-Conference Registration

<u>EARLY-BIRD RATE</u> Register by July 21	<u>REGULAR RATE</u> Register July 22-Sept. 1	<u>ONSITE RATE</u> Register after Sept. 1
Member: \$575 each Non-Member: \$2,825 each	Member: \$650 each Non-Member: \$2,900 each	Member: \$700 each Non-Member: \$2,950 each

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

Name: _____

Email: _____

First-time Attendee?: YES NO

One-Day Conference Registration Monday, Sept. 18 OR Tuesday, Sept. 19

The one-day registration option is available for Monday OR Tuesday. If you want to attend both days, you must register at the full-conference rate.

Member: \$250 each Non-Member: \$1,450 each
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Name: _____

Email: _____

Day: _____

First-time Attendee?: YES NO

FCRA Advanced Certification Program

FCRA Advanced Course and Exam will take place on Sunday, Sept. 17. You must have a valid Basic Certification to apply for the FCRA Advanced Certification.

FCRA Advanced Certification Fees

NAPBS Member: \$150 Non-Member: \$250

Name: _____

Email: _____

Name: _____

Email: _____

FCRA Advanced Recertification Program

FCRA Advanced Recertification Course and Exam will take place on Sunday, Sept. 17. To maintain your FCRA Advanced Certification, you are required to pass this exam every two years.

FCRA Advanced Recertification Fees

NAPBS Member: \$125 Non-Member: \$200

Name: _____

Email: _____

Name: _____

Email: _____

Non-Industry Guest Tickets - *purchased onsite at the registration desk.*

- **Sunday, Sept. 17:** Opening Celebration and Exhibit Showcase @ \$35 per guest
- **Monday, Sept. 18:** Reception and Exhibit Showcase @ \$35 per guest
- **Tuesday, Sept. 19:** Closing Reception @ \$50 per guest

Special Needs

Please list below if any of the attendees on this list have special needs that you feel need our attention, including dietary restrictions.

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All registrants included on this form have read and agree to the [NAPBS Code of Conduct for Conferences & Meetings](#).

Signature: _____

Full-Conference Registration: \$ _____
One-Day Conference Registration: \$ _____
FCRA Advanced Certification: \$ _____
GRAND TOTAL: \$ _____

Written cancellations received on or before Sept. 1, 2017, will be subject to a 15% cancellation fee.

No refunds will be made for cancellations after Sept. 1, 2017.

info@napbs.com | 919.459.2082 | 919.459.2075 (f)

Check # _____ Make payable to NAPBS and mail to:
NAPBS, 110 Horizon Drive, Ste. 210, Raleigh, NC 27615, US

Credit card:

American Express Visa MasterCard Discover

Card Number: _____

Exp Date: ___/___ CSC: _____ Billing Postal Code: _____

Name on card: _____

Signature: _____