



Conference Registration Form

NAFED'S 2018 SECTIONAL CONFERENCES

Please ✓ which conference(s) you will be attending.

Las Vegas
Monte Carlo
March 8–9, 2018

Atlantic City
Caesars Atlantic City
April 12–13, 2018

St. Louis
Hilton at the Ballpark
May 10–11, 2018

I. Company Information

Company Name _____
(or attach business card)

Main Contact Person _____ Title _____

Address _____

City _____ State _____ Zip/Postal _____

Telephone _____ Fax _____

Email _____

Explanation of fees: 1) Conference fees include all general sessions, coffee breaks, and one lunch, admission into the NAFED Expo, and all conference materials. 2) Spouse/guest fees include admission into the NAFED Expo ONLY. This fee **does not include** coffee breaks, lunch, or attendance at any of the conference sessions. 3) Cancellation policy: All cancellations made more than seven days before the conference are subject to a cancellation fee of \$50 per registration. **No refunds will be made if cancellations are made seven days or fewer prior to each conference.**

It is important to us that you enjoy the NAFED conference(s). If you have any special needs or require special accommodations, please check here and we will contact you to find out how to best meet your needs.

II. Registration (please list the names of attendees and spouses/guests attending in the spaces provided below)

Attendee Name to Appear on Badge	Registration Fees		Subtotal
	Member Rates	Non-Member Rates	
1.	\$415	\$515	
2.	\$300	\$400	
3.	\$225	\$325	
4.	\$225	\$325	
5.	\$225	\$325	
DOT Train the Trainer Pre-Conference	Member Rate	Non-Member Rate	
1.	\$150/pp	\$250/pp	
Spouse/Guest Name (admission to expo only)	Spouse/Guest Rate	Check box to include lunch	
1.	\$90	<input type="checkbox"/> \$40 lunch	
2.	\$90	<input type="checkbox"/> \$40 lunch	
Payment Method			Total \$
<input type="checkbox"/> CHECK ENCLOSED (payable to NAFED) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX			
NAME ON CARD _____		ACCOUNT NUMBER _____	
SIGNATURE _____		EXPIRATION DATE _____	

Please mail, fax or email this form with payment to us:
 NAFED • 180 N. Wabash Avenue Ave., Ste. 401 • Chicago, IL 60601 • Fax (312) 461-0777 • socorro@nafed.org