

# NASFAA 2007 REGISTRATION FORM EXHIBITOR/SPONSOR/ADVERTISER



## INSTRUCTIONS

1. If you are registering more than three individuals from the same institution please photocopy this form.
2. This form must be received by June 4 to ensure the lower conference pre-registration fee of \$475 for members and \$575 for non-members.
3. NASFAA membership is institutional. Individuals who are employed by a NASFAA member are also considered to be members.
4. Registration forms received after June 4 are considered "on-site" registrations and will be charged the higher fee of \$575 for members and \$675 for non-members.
5. Payment does not have to accompany this form. However, all fees must be paid at the time you pick up your registration packet.
6. The cancellation policy is below.
7. Please complete both sides of this registration form.

## CANCELLATION & REFUND POLICY

1. All requests for cancellations and refunds must be in writing.
2. The date of the cancellation shall be the date the written request is received in the NASFAA office.
3. Cancellation fees will be assessed for both prepaid and non-prepaid registrations.
4. Please provide the name of the registrant cancelling and the address to mail any refund check.
5. **Cancellation Fee Schedule**

Through June 22	\$25.00
June 23 - 29	\$50.00
June 30 - July 3	\$75.00
6. No requests for refunds will be honored after close of business (5:00 pm EDT) on Tuesday, July 3.

## 1. BUSINESS/ORGANIZATION INFORMATION

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City:	State:	Zip:
Phone:	Fax:	E-Mail:

Is Your Business/Organization a NASFAA Member?  Yes  No

Name of Business/Organization as it Should Appear on Badge: \_\_\_\_\_

## 2. REGISTRANT INFORMATION

### A - Primary Registrant

Name (Mr/Mrs/Ms/Dr):	Title:
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Name/Nickname for Badge: \_\_\_\_\_

Address (If Different from Above): \_\_\_\_\_

City:	State:	Zip:
Phone:	Fax:	E-Mail:

Is this Your First Conference?  Yes  No

Pre-Registration (Through June 4)	<input type="checkbox"/> \$475 (Member)	<input type="checkbox"/> \$575 (Non-Member)	<input type="checkbox"/> Comp
On-Site Registration (After June 4)	<input type="checkbox"/> \$575 (Member)	<input type="checkbox"/> \$675 (Non-Member)	<input type="checkbox"/> Comp

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## 2. REGISTRANT INFORMATION (CONTINUED)

### B - Additional Registrant

Name (Mr/Mrs/Ms/Dr):		Title:	
Name/Nickname for Badge:			
Address (If Different from Above):			
City:		State:	Zip:
Phone:	Fax:		E-Mail:
Is this Your First Conference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-Registration (Through June 4)		<input type="checkbox"/> \$475 (Member)	<input type="checkbox"/> \$575 (Non-Member)
On-Site Registration (After June 4)		<input type="checkbox"/> \$575 (Member)	<input type="checkbox"/> \$675 (Non-Member)
Daily Registration (Per Day <sup>2</sup> ):		<input type="checkbox"/> \$265 (Member)	<input type="checkbox"/> \$365 (Non-Member)
Select Day(s):	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday

### C - Additional Registrant

Name (Mr/Mrs/Ms/Dr):		Title:	
Name/Nickname for Badge:			
Address (If Different from Above):			
City:		State:	Zip:
Phone:	Fax:		E-Mail:
Is this Your First Conference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-Registration (Through June 4)		<input type="checkbox"/> \$475 (Member)	<input type="checkbox"/> \$575 (Non-Member)
On-Site Registration (After June 4)		<input type="checkbox"/> \$575 (Member)	<input type="checkbox"/> \$675 (Non-Member)
Daily Registration (Per Day <sup>2</sup> ):		<input type="checkbox"/> \$265 (Member)	<input type="checkbox"/> \$365 (Non-Member)
Select Day(s):	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday

**Total Amount Due (2A+2B+2C):**

## 3. PAYMENT INFORMATION

Payment Method <sup>2</sup> :	<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Purchase Order Enclosed <sup>3</sup>
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Credit Card No.:	Exp Date:	
Name As it Appears on Card:	Amount to be Charged:	
Signature:	Date:	

Be sure to include forms for all individuals covered by this payment  
Mail to NASFAA, 1129 20th Street, NW, Suite 400, Washington, DC 20036-3453. Fax to: (202) 785-1487  
Questions? Call (202) 785-0453, extension 125, or e-mail [jacksonj@nasfaa.org](mailto:jacksonj@nasfaa.org)

<sup>1</sup> One person from the institution must have paid a full registration fee

<sup>2</sup> NASFAA does not accept American Express

<sup>3</sup> A purchase order is not considered payment. All fees must be paid at the time you pick up your registration packet