

NAMIC's 114th Annual Convention Registration Form

September 20-23, 2009
Hyatt Regency Atlanta
Atlanta, Georgia

I. Registration Information

Please print and complete all fields.

Use the space provided on this form for additional registrants or duplicate the form if needed.

If faxing form, do not mail a duplicate.

If you have any questions about NAMIC's 114th Annual Convention, please contact Convention Services at (317) 875-5250 or visit www.namic.org

Company Contact

Please designate a registered delegate to receive all convention registration correspondence.

Main Contact Name

Company/Affiliation

Mailing Address

City

State/Province

Zip or Postal Code

Telephone

Fax

Company Contact E-mail Address

2. Registrants

Accommodation

We invite all registrants to advise us of any disability and any requests for accommodation to that disability. Please submit your request as far as possible in advance of the program. Please indicate any special needs:

Registering Children

List the name and age of any children under the age of 18 being registered for the convention. See Section #3 for registration fee.

Accommodation

We invite all registrants to advise us of any disability and any requests for accommodation to that disability. Please submit your request as far as possible in advance of the program. Please indicate any special needs:

Registering Children

List the name and age of any children under the age of 18 being registered for the convention. See Section #3 for registration fee.

Delegate #1 I am a first-time attendee.

Confirmation of registration for all individuals registered on this form will be e-mailed to the main contact.

Delegate First Name

Middle Initial

Last Name

Badge Name Preference

Job Title

Delegate E-mail

Delegate #1 Guest I am a first-time attendee.

Guest First Name

Last Name

Badge Name Preference

Home Mailing Address

E-mail

City

State/Province

Zip or Postal Code

Delegate #2 I am a first-time attendee.

Delegate First Name

Middle Initial

Last Name

Badge Name Preference

Job Title

Delegate E-mail

Guest #2 I am a first-time attendee.

Guest First Name

Last Name

Badge Name Preference

Home Mailing Address

E-mail

City

State/Province

Zip or Postal Code

Please complete page 2 of this form.

All participants registering on this form are subject to the terms and conditions of participation at this event as contained in the Event Participation Terms and Conditions found at www.namic.org/seminars/terms.asp and will be notified to such by the person completing this registration.

2. Registrants continued

♿ Accommodation

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Registering Children

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♿ Accommodation

We invite all registrants to advise us of any disability and any requests for accommodation to that disability. Please submit your request as far as possible in advance of the program. Please indicate any special needs:

Registering Children

List the name and age of any children under the age of 18 being registered for the convention. See Section #3 for registration fee.

Delegate #3 I am a first-time attendee.

Delegate First Name _____ Middle Initial _____ Last Name _____

Badge Name Preference _____ Job Title _____ Delegate E-mail _____

Guest # 3 I am a first-time attendee.

Guest First Name _____ Last Name _____ Badge Name Preference _____

Home Mailing Address _____ E-mail _____

City _____ State/Province _____ Zip or Postal Code _____

Delegate #4 I am a first-time attendee.

Delegate First Name _____ Middle Initial _____ Last Name _____

Badge Name Preference _____ Job Title _____ Delegate E-mail _____

Guest #4 I am a first-time attendee.

Guest First Name _____ Last Name _____ Badge Name Preference _____

Home Mailing Address _____ E-mail _____

City _____ State/Province _____ Zip or Postal Code _____

3. Registration Fees

Advanced registration deadline is August 26, 2009.

The registered delegate listed as **Main Contact** will receive acknowledgment information for multiple registrations.

No refunds after Sept. 4, 2009.

	On or Before July 27	After July 27		Total Number of Registrations	Total Amount Due
NAMIC Member					
Delegate	\$475	\$500	x	_____	= \$ _____
Guest	\$320	\$345	x	_____	= \$ _____
Nonmember					
Delegate	\$620	\$645	x	_____	= \$ _____
Guest	\$515	\$540	x	_____	= \$ _____
Child (Under 18)	\$215	\$240	x	_____	= \$ _____
Total for Registrations					\$ _____ (2510100)

4. Optional Tickets

All optional tickets purchased on this form will be in the main contact's packet on site.

Optional Tickets				Total Number of Tickets	Amount Due
Merit Award Breakfast	\$27	x	_____	= \$ _____ (2510400)	
Worship Service and Prayer Breakfast	\$34	x	_____	= \$ _____ (2510600)	
PFMM Recognition Breakfast	\$31	x	_____	= \$ _____ (2510500)	
Total for Optional Tickets					\$ _____

5. Payment

Payment is due with registration form. Make check payable to NAMIC.

Payment must be received by the early deadline for the discounted rate to apply.

Return completed form and fee to:

NAMIC
3601 Vincennes Road
P.O. Box 68700
Indianapolis, IN 46268
Fax (317) 415-0802

Total Amount \$ _____

Enclosed is Check # _____ payable to NAMIC (In U.S. Dollars)

Charge to the following card: MasterCard VISA American Express Discover

Card Number _____

Expiration Date (Month, Year) _____ Name As It Appears on the Card (Please print) _____

Cardholder's Billing Address _____

City _____ State/Province _____ Zip or Postal Code _____ Country _____