

# NAMIC's 111<sup>th</sup> Annual Convention Registration Form

September 17-20, 2006  
Tampa Convention Center  
Tampa, Florida

Web

## 1. Registration Information

Please print.

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 the NAMIC's 111<sup>th</sup> Annual Convention, please contact Convention Services at (317) 875-5250 or visit [www.namic.org](http://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.

A registration confirmation packet and optional tickets for individuals registered on this form will be sent to the main contact at address provided above.

Delegate First Name

Middle Initial

Last Name

Badge Name Preference

Title

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

Title

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.

Registrants grant NAMIC the right and permission to use, publish, and otherwise reproduce in any manner or form and for any purpose; in print, electronic or digital format; my likeness or picture in any photographs taken in connection with the NAMIC annual convention.

**2. Registrants continued**

**♿ 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 #3**  I am a first-time attendee.

\_\_\_\_\_  
 Delegate First Name Middle Initial Last Name

\_\_\_\_\_  
 Badge Name Preference Title 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 Title 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 21, 2006

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

No refunds after Sept. 1, 2006

	On or Before July 28	After July 28		Total Number of Registrations	Total Amount Due
<b>NAMIC Member</b>					
Delegate	\$455	\$480	x _____	= \$ _____	
Guest	\$300	\$325	x _____	= \$ _____	
<b>Nonmember</b>					
Delegate	\$585	\$610	x _____	= \$ _____	
Guest	\$480	\$505	x _____	= \$ _____	
<b>Child (Under 18)</b>	\$195	\$220	x _____	= \$ _____	
<b>CIRB Mid-Year Conference</b>					
Mid-Year Conference Only	\$305	\$330	x _____	= \$ _____	
<b>Total for Registrations</b>					\$ _____

**4. Optional Tickets**

		Total Number of Tickets	Amount Due
<b>Optional Tickets</b>			
Merit Award Breakfast	\$30 x _____	= \$ _____	
Worship Service and Prayer Breakfast	\$25 x _____	= \$ _____	
PFMM Recognition Breakfast	\$30 x _____	= \$ _____	
<b>Total for Optional Tickets</b>			\$ _____

**5. Payment**

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

Return completed form and fee to:  
 NAMIC  
 3601 Vincennes Road  
 P.O. Box 68700  
 Indianapolis, IN 46268  
 Fax (317) 876-6213

**Total Amount Enclosed** \$ \_\_\_\_\_

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 on Card Signature