

32ND NACS ANNUAL CONVENTION

June 23-25, 2020

Please complete the following information and return with payment to NACS. One attendee per form, please.

Name (Include all designations) _____ Position Title _____

Company/Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Badge First Name _____

Email _____ Website _____

Is this your first time attending a NACS Convention? Yes No

Do you plan to attend Wednesday's Night Out? (Included in fee asked, for planning purposes.) Yes No

Registration – Select One:

	Discounted Registration on or before May 22, 2020	Regular/Late Registration after May 22, 2020
<input type="checkbox"/> Producer Member.....	\$525	\$600
<input type="checkbox"/> Additional Producer Member*.....	\$500	\$575
*For Corporate Members – First Registrant's Name _____		
<input type="checkbox"/> Associate/Supplier Member	\$725	\$800
<input type="checkbox"/> Additional Associate/Supplier Member*	\$700	\$775
*For Corporate Members – First Registrant's Name _____		
<input type="checkbox"/> Non-Member Producer	\$820	\$900
<input type="checkbox"/> Non-Member Associate/Supplier	\$1,020	\$1,100
<input type="checkbox"/> Non-Member Producer – Attending for 1st Time.....	\$600	\$600
<input type="checkbox"/> Non-Member Associate/Supplier – Attending for 1st Time	\$800	\$800

1 Registration Amount \$ _____

Guest/Companion Meal Tickets

Only complete this section if you are bringing a guest who is not already registered but would like to attend only some of the meal functions.

Tuesday Welcome Reception # _____ @ \$75 per person \$ _____ **Wednesday Night Out** # _____ @ \$125 per person \$ _____

Name of Guest(s): _____ Name of Guest(s): _____

Continental Breakfast – (Circle Selection): Wednesday or Thursday

_____ @ \$35 per person \$ _____

Name of Guest(s): _____

Lunch – (Circle Selection): Wednesday or Thursday

_____ @ \$55 per person \$ _____

Name of Guest(s): _____

2 Guest Meals Amount \$ _____

1 + **2** = Total Amount Due \$ _____

Special Needs

If you or your guests have any special requirements (i.e. dietary restrictions, accessibility, etc.) indicate here. Please provide name if you are registering an extra guest meal:

Payment (in U.S. funds)

Check (payable to NACS) Visa MasterCard American Express Discover

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ Signature _____ CVV _____

Card Billing Address _____ City _____ State _____ Zip _____

Email Receipt to: _____

Cancellation Policy

Cancellations received on or before May 22 will receive their total fee minus a \$50 administrative processing fee. Cancellations received between May 22 and June 5 will receive a 50% refund of their total fees. There will be no reduction in fees for partial attendance. Cancellations received after June 5 and no-shows at the event will not be refunded.

Please mail or fax this registration form with payment to: National Association of Consumer Shows (NACS)

147 SE 102nd Ave., Portland, OR 97216, or Fax 503.253.9172

Questions? Call NACS at 800.728.6227 or 503.253.0832 • www.nacslive.com • info@nacslive.com

Registrant agrees to grant NACS and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by NACS and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.