

Please print clearly. Use a separate form for each registrant; duplicate as necessary.

| Complete name | Member #       |
|---------------|----------------|
| Organization  | Title          |
| Work address  | City/State/ZIP |
| Home address  | City/State/ZIP |

Preferred mailing address ( Home Work)

Work phone Fax

E-mail\* (Home Work)

\*You will receive an e-mail confirmation of your registration when it has been processed.

In case of emergency during the conference, please contact this person:

Name Daytime phone Evening phone

To register, complete steps A-D and indicate the total in step E:

| A) Full Conference Registration<br>September 16-18, 2019 |   |                                  | B) Guest Pass                                      | Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING.   |
|--|---|----------------------------------|--|---|
|  | Early-bird<br>rate on or<br>before<br>July 22             | Regular<br>rate after<br>July 22 | Guest Pass (GUEST) \$199 Guest Name(s)             | A \$70 processing fee will be charged for all cancellations.  No refunds will be made on                        |
| Member Member with Renewal Dues &                        | \$899<br>\$1,099  | \$1,099<br>\$1,298               | Subtotal B \$                                      | cancellations postmarked after August 26, 2019.   |
| Join & Register<br>Nonmember                             | \$1,499   | \$1,699                          |  | Thank you for your registration. Tax ID # 95-3062349  |
|  | Subtotal A \$   | 3                                |  | , an 12 ii 66 66626 16  |
| C) Preconference Workshops                               |   |                                  | D) Tell us about yourself and any special requests | Three easy ways to register   |
|  | CPHQ Review Course (RC0919AZ)<br>September 14-15, 8am-5pm |                                  | Special Requests:                                  | Online (Credit card payment only) www.mynahq.nahq.org   |
| 8.4 1  | \$369   |                                  |  | (Go to Events, and then select Annual   |
| Member   |   |                                  |  | Meetings)   |
| Nonmember  | \$49  | 99                               |  | Weetings)   |
|  | \$49<br>Subtotal C \$                                     |                                  | Tell us about yourself:                            | Mail (Check only. A \$25 processing fer applies. Please add to your total.) 8600 W. Bryn Mawr Avenue Suite      |
|  | <u> </u>  | orkshop (EPW19)                  | Tell us about yourself:                            | Mail (Check only. A \$25 processing fe applies. Please add to your total.)                                      |
|  | Subtotal C \$ Executive Leader W                          | orkshop (EPW19)<br>1pm-5pm       | Tell us about yourself:                            | Mail (Check only. A \$25 processing fe applies. Please add to your total.) 8600 W. Bryn Mawr Avenue Suite 710 N |

## E) Total Amount A+B+C=\$

I agree to the Terms of Use

Payment (must accompany registration form)

Check (enclosed, made payable to NAHQ) • Checks not in U.S. funds will be returned. • A charge of \$20 will apply to checks returned for insufficient funds.

• If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.