

Delegate Registration Form

GO GREEN! Register Online at www.nfda-fastener.org.

Early Bird Deadline: March 19, 2010

Complete (print/type) ONE form for each registrant and return to NFDA. Copy this form for additional registrants. Full payment must accompany registration form. Please make checks payable to NFDA. *Note: All registration fees are in U.S. dollars.*

ATTENDEE INFORMATION First-time attendee Distributor Associate

Name (as you wish it to appear on your badge)		Title	
Company Name			
Address		City	State ZIP/Postal Code
Phone	Fax	E-mail	
Guest Name (if attending) as it should appear on badge. NOT for additional company registrations.			E-mail
Home Address (NFDA use only)		City	State/Country ZIP/Postal Code

CONFERENCE REGISTRATION	Early Bird Rate (By 3/19/2010)	Standard Rate (After 3/19/2010)	Total
Delegate Registration	\$995/person	\$1075/person	\$ _____
Companion/Non-Meeting Guest	\$750/person	\$850/person	\$ _____

OPTIONAL EVENTS	No. Attending	Fee Per Person	Total
Thursday, April 15, 2010			
Golf Outing (includes lunch)	_____	\$175	\$ _____
Club Rental (\$49/set plus tax paid at pro shop) Male R____ Female R____ Male L____ Female L____			
Gala Dinner	Yes____No____	N/A	\$ 0
<i>For planning purposes, please indicate if you and your guest will attend the Gala Dinner</i>			
TOTAL REGISTRATION & OPTIONAL EVENT FEES			\$ _____
FULL PAYMENT MUST ACCOMPANY REGISTRATION FORM (U.S. Dollars Only)			

SPECIAL REQUESTS

It is important to us that you enjoy the meeting. If you have any special needs, including food allergies, please check the box to the left. We will contact you to make every attempt to accommodate your needs.

This registration form does not secure your hotel reservation. You must make arrangements directly with the Omni La Mansión del Rio, by calling 800.843.6664. Be sure to mention that you are part of the NFDA group to secure special rates.

PAYMENT OPTIONS (please check one)

Check (payable to NFDA) MasterCard Visa American Express

Card #	Expiration Date
Cardholder's Name	
Cardholder's Signature	

CANCELLATION AND REFUND POLICY

A \$95 cancellation fee will be deducted for written cancellations received by 3/29/2010. No refunds will be issued after 3/29/2010.

Send payments to:
NFDA, 401 N. Michigan Ave., Suite 2200, Chicago, IL 60611
or if paying by credit card, please fax this form to 312.673.6740.