



REGISTRATION FORM

PLEASE DO NOT MAIL THIS FORM IF FAXING OR REGISTERING ONLINE WITH A CREDIT CARD PAYMENT.

First Name Last Name Suffix (PP, PLS, ALP, etc.)

Mailing Address City State Zip

Phone Number Email Address

Employer OR State/Local Chapter Title

Is this your first NALS National Conference? Yes No

Attendee Registration

(Includes Thursday, Friday, and Saturday luncheons, Welcome Reception, three days of CLE, and access to NALS Foundation & Exhibit Hall)

Early Bird (deadline June 15, 2019)

- NALS Member \$349
- Nonmember \$449
- Student \$299

Regular (June 16, 2019 to August 15, 2019)

- NALS Member \$399
- Nonmember \$499
- Student \$319

Late (August 16, 2019 to September 10, 2019)

- NALS Member \$439
- Nonmember \$539
- Student \$319

Other

- One-Day Registration (CLE only) \$150

Please select one:

- Thursday, September 26, 2019
- Friday, September 27, 2019
- Saturday, September 28, 2019

Attendee Ticketed Events

- NALS Under the Big Top... \$50.00 x ___ = ___

Guest Registration

Guest Name(s)

Guest Email Address(es)

Guest Tickets

- 90th Birthday Bash \$40.00 x ___ = ___
- NALS Under the Big Top... \$50.00 x ___ = ___
- Recognition Luncheon \$50.00 x ___ = ___

NOTE: Guests may register for ticketed events, however, should they wish to attend CLE sessions or any other conference-related events not listed above, they will need to register as an attendee.

CANCELLATION POLICY

Refunds will be given (less a \$50 processing fee) for cancellations received no later than August 1, 2019. No refunds will be granted for requests postmarked after that date. Refunds will not be given for no-shows. Substitutions will gladly be accepted 45 days prior to the conference! Only one (1) substitution is permitted per original registrant. Must be substituted for the original conference; no transfers to a future conference will be allowed.

By submitting this registration form, you are confirming that you have read and understood the cancellation policy.

DIETARY OR PHYSICAL RESTRICTIONS

Please notify NALS Meetings Manager of any dietary or physical restrictions that require special arrangements by September 10, 2019 at communications@NALS.org

PAYMENT INSTRUCTIONS

Payment must accompany registration form. Please DO NOT mail the original form if faxing or registering online with a credit card payment. A \$20 handling fee will be assessed for returned checks.

- **MAIL TO:**
NALS, Inc.
Dept. #170
PO Box 701683
Tulsa, Oklahoma 74170
- **FAX TO:** (918) 582-5907
- **EMAIL TO:**
communications@NALS.org
- **REGISTER ONLINE:**
NALS.org/LR19

NALS reserves the right to change speakers or modify program content.

Payment Information

Total Amount Due: _____

Select Payment Type: Check # _____ Visa Mastercard Discover

Credit Card Number Expiration Date Security Code

Print Cardholder's Name Signature (credit card registrants only)