

REGISTRATION FORM

Register online at www.nawicconvention.org or mail registration form with payment to:
 NAWIC • 327 S. Adams St. • Fort Worth, TX 76104-1002. Fax registration form to (817) 877-0324.

Registration May 1-June 30

ALL ATTENDEES MUST COMPLETE A REGISTRATION FORM.

1

REGISTRATION INFORMATION • POSTMARK by JUNE 30, 2017 FOR REGULAR REGISTRATION

Registration fee includes admittance to all functions unless otherwise noted.

CHECK ONE:

Member

\$785 after June 30

Nonmember

\$885 after June 30

\$250 One-Day Pass (Thurs.)*

\$250 One-Day Pass (Fri.)*

\$150 One-Day Pass (Sat.)*

Name _____

Firm _____

Address _____

City, State, Zip _____

Chapter Name _____ Number _____ Region _____

First Name for Conference Badge _____ Is this your first NAWIC Conference? Yes

Phone (____) _____ Email _____

Medical Dietary Restriction? Yes (Please Explain) _____

Emergency Contact Name _____

Emergency Contact Number _____

1 TOTAL: REGISTRATION

\$ _____

*Only one One-Day Pass may be purchased. The One-Day Pass is not available to NAWIC members. The One-Day Pass includes entry into all events/meals held that day except the Friday Awards Gala.

2 PROMOTIONAL ITEMS

Don't wait until the Conference — Order now!

Quantity	Item/Cost	Total
_____	Raffle Ticket** for 63 rd Conference Reg. - \$10 (or 3 for \$20)	\$ _____
_____	Souvenir Pin - \$5	\$ _____
_____	T-Shirt - \$22 - circle size (S, M, L, XL, 2X, 3X)	\$ _____

2 TOTAL:

PROMOTIONAL ITEMS

\$ _____

**Winning ticket has no cash value and must be redeemed for the 2018 Conference.

3 TICKETS FOR GUESTS

Quantity	Item/Cost	Total
_____	Welcome Party - \$85	\$ _____
_____	Industry Luncheon (Thursday) - \$60	\$ _____
_____	Installation Luncheon (Friday) - \$60	\$ _____
_____	NAWIC Awards Gala (Friday) - \$95	\$ _____

3 TOTAL:

GUEST TICKETS

\$ _____

Name of Guest(s): _____

4 METHOD OF PAYMENT

GRAND TOTAL \$ _____ *Totals from Sections 1, 2 and 3*

Check payable to NAWIC MasterCard VISA
 Discover AMEX

Credit Card Number _____

CVV Code (3 digit code on back of card) _____ Exp. Date _____

Billing Address _____ Billing Zip Code _____

Authorized Signature _____

CREDIT CARDS WILL NOT BE PROCESSED WITHOUT COMPLETE INFORMATION.

FOR OFFICE USE ONLY

Check # _____

Date _____

Firm _____

Amount \$ _____

Cancellation Policy: You may receive a full refund if your cancellation is received in writing at the NAWIC Office by mail, fax or email by July 17, 2017. Send emails to EVP Dede Hughes at dedeh@nawic.org. After July 17, no refunds for cancellations will be granted.