



2008 NAID® Annual Conference Registration Form

April 2 – 4, 2008
Disneyland® Hotel
Anaheim, California

Please Duplicate As Necessary

Company Name _____
 ADDRESS Line 1: _____
 ADDRESS Line 2: _____
 City: _____ State/Prov.: _____ Postal Code: _____
 Telephone: _____ Fax: _____

Special Hotel Rates Until
March 1st
 Call: 714-520-5005
ask for NAID Conference Rates
 Be prepared with the following:
 Your Dates of Stay
 Type of Room

The Full Registration Fee (Primary or Additional) includes all conference sessions and materials, Expo Pass, Breakfast, all Refreshment Breaks and Receptions, Thursday Lunch & Banquet, and Friday Expo Lunch . The Golf Outing on Wednesday is an optional event.

Please list names as they should appear on Name Badge:

	BY Feb. 24 th	AFTER Feb. 24 th
<input type="checkbox"/> Primary Full Registration (Please check appropriate type/rate below)		
<input type="checkbox"/> Member Rate	\$645	\$745
<input type="checkbox"/> Non-Member Rate	\$995	\$1095
<input type="checkbox"/> Complimentary Exhibitor Rate (Provided with contracted Exhibit Space)	\$0	\$0
Name: _____ Email: _____		
<input type="checkbox"/> Additional Full Registration(s): (Must be employee of same company)	\$555	\$655
Name: _____ Email: _____		
Name: _____ Email: _____		
Name: _____ Email: _____		
<input type="checkbox"/> Expo Pass/Booth Staff: (Available to representatives from same company - Full registrations include an Expo Pass) (This pass good for all receptions, continental breakfasts & breaks in Expo and Friday Expo Lunch)	\$200	\$250
Name: _____ Email: _____		
Name: _____ Email: _____		
<input type="checkbox"/> GOLF OUTING PARTICIPANT(S) (optional): Wednesday, April 2 nd 7:00 am – 2:00 pm	\$155	\$165

<input type="checkbox"/> Thursday LUNCH GUEST(S): (for Guests or Expo Pass/Booth Staff only - Full registrations include Lunch on April 3 rd)	\$50	\$60

<input type="checkbox"/> Thursday RECEPTION & BANQUET GUEST(S): (for Guests or Expo Pass/Booth Staff only – Full registrations include the Reception & Banquet on April 3 rd)	\$110	\$120

Registrant (not Guests) contact information will be provided to exhibitors, sponsors &/or presenters.

To remove your information, check this box Do NOT provide the names or contact information for any of the registrants on this form.

MAIL or FAX by February 24, 2008 for Early Registration Discount

CANCELLATIONS must be sent via fax to (602)788-4144 or email to conferences@naidonline.org.
 For details on cancellation policies, see brochure or the website (www.naidonline.org/conference/conf2008/)

PAYMENT INFORMATION :

THERE ARE A TOTAL OF _____ FORMS COVERED BY THIS PAYMENT Total Payment USD \$ _____

Enclosed is Check No. _____ Payable & Mailed to: NAID, 3420 E. SHEA BLVD, STE. 115, PHOENIX, AZ 85028

AMERICAN EXPRESS/VISA/MASTERCARD#: _____ EXPIRATION DATE _____

NAME ON CARD: _____ SIGNATURE: _____

This registration form must be received by **March 25, 2008** or you will have to register on site.

FAX to:(602) 788-4144

Mail to: NAID, 3420 E. Shea Blvd, Ste 115, Phoenix, AZ 85028

QUESTIONS? Call (602)788-6243 or E-mail conferences@naidonline.org

Rec'd Date:	Postage Date:	Registered:	Confirmed:
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