



2010 NAID® COMPLIANCE TOOLKIT WORKSHOP



WORKSHOP REGISTRATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Email: _____

Telephone: _____ Fax: _____

PARTICIPANTS

COST

First Participant: _____

\$189

(\$129 if bringing multiple attendees)

Participant's Title: _____

Email: _____

Second Participant: _____

\$129

Participant's Title: _____

Email: _____

LOCATION SELECTION :

___ January 11, 2010 at the Residence Inn Charlotte Uptown in **Charlotte, North Carolina**

___ January 19, 2010 at the Hyatt Regency DFW in **Dallas, Texas**

___ February 4, 2010 at the Doubletree LAX Hotel in **Los Angeles, California**

******All workshops run from 9AM-4:30PM******

Cancellations must be received 48 hours prior to the event in order to receive a refund.

Payment is by:

Enclosed Check (Payable to "NAID") Check No.: _____ Total Payment \$ _____

AmEx MasterCard Visa Card # _____ - _____ - _____ - _____ Expires (mo/yr): ____/____

Name on Card: _____ Signature: _____

FAX completed form to: 1-602-788-4144

MAIL completed form to: 1951 West Camelback, Suite 350, Phoenix AZ

QUESTIONS? Call 1-602-788-6243 or E-mail CTK@naidonline.org

FOR NAID USE ONLY	Received:	Registered:	Confirmed:
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