



**June 2-4, 2010**  
Hilton Las Vegas, Nevada  
**Registration Form**

**REGISTER BEFORE JANUARY 31, 2010 & SAVE an ADDITIONAL \$50 per person!**



Please complete one form for each person registering.

**ATTENDEE INFORMATION:** (Check One):  Mr.  Ms.  Mrs.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Organization: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Nickname for Badge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Please place a checkmark in the appropriate boxes below:**

- I have special dietary needs. Please specify:  Diabetic  Kosher  Vegetarian  This is my first NANASP Training Conference  I require ADA accommodations and/or services, please contact me.

**REGISTRATION POLICIES:** All registrations after May 14, 2010 must be conducted on-site June 2-4, 2010. An additional \$50 surcharge will be added to the published, applicable late fee. **REGISTRATION CANCELLATION & REFUND POLICY:** All cancellations received by May 14, 2010 will be issued a refund, less an administrative fee of \$50. NO REFUNDS ARE AVAILABLE AFTER May 14, 2010. Substitutions are welcome.

**CONFERENCE REGISTRATION OPTIONS:** Please indicate your desired registration options below. Full Conference registration fees include admission to Opening Reception, admission and materials for all sessions Wednesday, Thursday & Friday including, daily breakfast, lunch and morning and afternoon coffee breaks.

	<i>Advance Fees (Thru 4/21/10)</i>	<i>Late Fees (4/22-5/14/10)</i>	<b>(Qty)</b>	
<b>Full Conference Registration</b>				
<i>Wednesday, June 2 – Friday, June 4, 2010</i>				
<input type="checkbox"/> Member - Full Conference	\$349	\$399	_____	\$ _____
<input type="checkbox"/> Non-Member - Full Conference	\$449	\$499	_____	\$ _____
<input type="checkbox"/> Member – Day Rate <input type="checkbox"/> Thu 6/3 <input type="checkbox"/> Fri 6/4	\$175	\$225	_____	\$ _____
<input type="checkbox"/> Non-Member – Day Rate <input type="checkbox"/> Thu 6/3 <input type="checkbox"/> Fri 6/4	\$275	\$325	_____	\$ _____
<b>Pre-Session Events – Wednesday, June 2, 2010</b>				
<input type="checkbox"/> Nutrition/Senior Center Directors' Training	\$75	\$125	_____	\$ _____
<b>Guest Tickets - Guest Name(s):</b> _____				
<input type="checkbox"/> Opening Reception – Wed 6/2	\$35	\$35	_____	\$ _____
<input type="checkbox"/> Breakfast <input type="checkbox"/> Thu 6/3 <input type="checkbox"/> Fri 6/4	\$25	\$25	_____	\$ _____
<input type="checkbox"/> Lunch <input type="checkbox"/> Thu 6/3 <input type="checkbox"/> Fri 6/4	\$45	\$45	_____	\$ _____
<b>Scholarship/Fee Waiver Code</b>				
<input type="checkbox"/> Assigned code: _____		Deduct: _____		\$ ( _____ )
<input type="checkbox"/> EARLY BIRD/MEMBERSHIP DISCOUNT – Avail until 1/31/10		Deduct: \$49.00		\$ ( _____ )
<input type="checkbox"/> Additional Member from Same Agency <i>Please complete one form for each attendee.</i>		Deduct: \$49.00		\$ ( _____ )
<b>TOTAL AMOUNT DUE:</b>				<b>\$ _____</b>

**METHOD OF PAYMENT:**

**Make Check Payable to:** NANASP **Check #:** \_\_\_\_\_ (NANASP Tax ID # 04-2639088)  
**CC:**  VISA  MasterCard  Discover  American Express # \_\_\_\_\_  
 Exp: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**RETURN TO: NANASP 1612 K Street NW Ste 400 Washington DC 20006 or FAX TO (814) 286 – 3953**

*If you have questions, please visit [www.nanasp.org](http://www.nanasp.org) or contact us at by phone at (202) 682-6899 or email us at: [ppearlson@nanasp.org](mailto:ppearlson@nanasp.org)*

