

Annual Meeting

THE BREAKERS • PALM BEACH, FLORIDA • APRIL 18-21

Registration Instructions

- If you prefer to register online, please go to the "Meetings" section of www.NACDS.org.
 1. Click "Annual Meeting"
 2. Click "Registration Information"
 3. Click "Chain Registration Form"
- Full payment must accompany your registration. Please make all checks payable to "NACDS." If paying by credit card, complete all credit card information.
- Mail registrations to:
 NACDS
 P.O. Box 34814
 Alexandria, VA 22334-0814

 Mailed registrations must be sent via U.S. Postal Service 1st Class, Priority Mail, or Express Mail. Other delivery services cannot deliver to the P.O. address.
- If you have any questions regarding registration, call NACDS at (703) 837-4300 or e-mail annualmtg@nacds.org.

Registration Fees

Chain Member \$2,800
 (Domestic/International)
 (Note: This fee covers all business programs and social activities for one registrant and spouse/companion.)

Registration Cancellation Policy

If you cancel by **Monday, March 16, 2009**, NACDS will refund the fee less a 25% processing charge per registrant. No refunds will be made for cancellations received after **Monday, March 16, 2009**.

FOR OFFICIAL USE ONLY	
DATE _____	AMOUNT _____
CHECK NO. _____	
ENTERED _____	PROOFED _____

Federal Tax ID# 13-5582579

Individual Completing Form (Please type or clearly print all information.)

Name: _____
 Telephone: _____ Ext.: _____
 E-mail Address: _____
 Please provide the most current address information below.

Registrant Information

Company Name: _____
 Dr. Mr. Ms. Mrs. First Time Attending? Yes No
 Name: _____
 Nickname (for Badge): _____
 Title: _____
 Phone: _____ Ext.: _____
 Fax: _____
 E-mail Address: _____
 Address 1: _____
 Address 2: _____
 City: _____ State/Province: _____
 Zip/Mail Code: _____ Country: _____

Spouse/Companion Information

Dr. Mr. Ms. Mrs.
 Spouse/Companion Full Name: _____
 Spouse/Companion Nickname (for Badge): _____

Registration Fees & Payment

Note: You must complete this section.

Registration Fee: \$ _____

Payment Method: Check Credit Card:    

Credit Card #: _____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please see reverse side for hotel reservation information.



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Housing Reservations

- I request NACDS to make my room reservation. Room reservation not required.

Please Note: The special hotel rates indicated on this form are only available to attendees whose reservations are made through NACDS by **Monday, March 16, 2009**. Confirmations will be mailed directly from each hotel.

Registrant Information

Attendee's Name: _____

Arrival Date: _____ Departure Date: _____

Note: Arrival and departure dates must be provided for NACDS to make your room reservation.

Official NACDS Hotels

Please indicate your order of hotel preference from 1 through 7, with your first choice being 1.

- | | |
|--|-------------------------------------|
| ___ Brazilian Court \$435-\$475 | ___ Four Seasons \$480 |
| ___ The Breakers \$430-\$635 | ___ Marriott \$249 |
| ___ The Chesterfield \$325-\$550 | ___ The Ritz Carlton. \$424 |
| ___ The Colony \$335 | |

We cannot guarantee that you will be assigned to a hotel in your order of preference.

Special Preferences

- King Bed Double Beds Non-Smoking Room Near Elevator

Special Requests: _____

Please note that NACDS will communicate your preferences to your assigned hotel but cannot guarantee them. If you have special needs due to a disability or other reasons, please call the NACDS Annual Meeting Housing Manager at (703) 837-4642.

Housing Credit Card Information

In order for NACDS to make your hotel reservation, please provide your credit card information. If you have already provided credit card information for payment of your registration fee, you do not need to provide this information again unless you are using a different credit card.

All Annual Meeting hotels require a room deposit equaling the entire length of your stay, which may be charged to the credit card provided as early as Saturday, March 21, 2009. No refunds will be available for changes or cancellations made after this date.

Payment Method: Check Credit Card:    

Credit Card #: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____