

REGISTRATION FORM

NOBC Annual Meeting

August 8 - 12, 2017

REGISTRATION ALSO AVAILABLE AT WWW.NOBC.ORG

Registrant Name: _____ Badge First Name: _____

Jurisdiction: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Guest Full Name (1): _____ Badge First Name: _____

Guest Full Name (2): _____ Badge First Name: _____

Check here if you will attend the Thursday Networking at the Disney's Aladdin Broadway Play and Dinner

Check here if you are a first-time attendee

Early Bird Member Registration (Received by July 11, 2017) _____ @ \$525 each = _____

Member Registration (Received after July 11, 2017) _____ @ \$535 each = _____

Guest Registration: Includes Thursday / Friday / Saturday Breakfast,
Wednesday Reception, and Thursday Networking _____ @ \$155 each = _____

Limited Guest Registration: Thursday Networking Event **ONLY** _____ @ \$100 each = _____

Total = \$ _____

PAYMENT: Check (payable to NOBC) Visa MC

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Security Code: _____

Billing Address (if different from above): _____

How would you like to receive your registration confirmation?

Email to address above Email to different address: _____

PLEASE SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:
NOBC - 275 N. York St, Ste 401 - Elmhurst, IL 60126 - Phone: 630-617-5153 - Fax: 630-563-9181

Conference registrants canceling their registration on or before July 19, 2017 will receive a refund of the conference registration fee, less a \$50 administrative fee. Cancellations after July 19, 2017 will be for one-half the registration fee. To cancel or if you have any questions, please contact NOBC at 630-617-5153 or acoleman@apexmanage.com.