

2015 PTAA Group Registration Rate for NAA

2015 NAA Education Conference & Exposition June 24 - 27 in Las Vegas



Professional Designation CAM CAPS CAS CAMT IROP NALP SHCM

Registration Information

Prefix: _____ First Name: _____ Last Name: _____

Nickname: _____ Title: _____
(how you want your name to appear)

Company Name: _____

Address: _____

City/State/Zip: _____ Country: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Alternate Email Address: _____
(Note: Email addresses must be unique for all group attendees.) (Note: A copy of your confirmation will be sent to this address)

- Yes, I would like to be included in the free myNAA Planner-** attendee personal event planning tools including the ability to make private appointments with other attendees, exhibitors and mark the sessions I want to attend.
- Yes, include my phone number and email information** on my badge for exhibitors.

Special Needs

NAA complies with the Americans with Disabilities Act. In order to accommodate any special needs, please indicate:

Do you have any special needs? Yes No

If yes please specify: _____

Use of Photographic Images

By checking this box, the registrant and additional registrants (listed on second page) also agree to these terms.

- Registration and attendance at, or participation in, NAA meetings and other activities constitutes and agreement by the registrant to NAA's use and distribution (both now and in the future) of the registrant or attendees image or voice in photographs, videotapes, electronic reproductions, and audio tapes of such events and activities.

Liability Waiver and Emergency Contact

By checking this box, the registrant and additional registrants (listed on second page) also agree to these terms.

- I agree and acknowledge that I am undertaking participation in NAA events and activities at my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in NAA events and I do hereby assume responsibility for my own well being.

Emergency Contact Name: _____ Cell phone: _____

Payment Information

- Members:** \$575 per registration (a \$150 savings over NAA's lowest individual rate) No. Attendees _____ Total _____
- Non-Members:** \$775 per registration (a \$150 savings over NAA's lowest individual rate) _____ \$ _____

- Check Payable**
(Piedmont Triad Apartment Association)

Name as it appears on card: _____

- Credit Card: VISA or MasterCard**
(Please add 3% if paying by credit card)

Card Number: _____

Expiration date: _____ Sec Code: _____

Amount: \$ _____

Signature of cardholder: _____



Dedicated to improving apartment living in the Piedmont Triad.

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