



2012 INSTALLMENT PLAN AGREEMENT FORM

**Experience! 2012
July 15-18
New Orleans Marriott
New Orleans, LA**

Please print or type: Complete a separate form for each registrant. Badges can accommodate a total of 23 characters for name (line 1) and 23 characters for company (line 2)

First Name Last Name

Member ID Nickname (as you wish it to appear on your badge)

Designations to appear on badge (we will make every effort to include all)

Title

Company

Address

City State Zip Code

Phone - Work Fax - Work

E-mail

On-site Contact information (cell phone)

On-site Emergency Contact Name and Phone Number

Second Emergency Contact Name and Phone Number

Food Allergies/Special Accommodation Requirements

Are you attending Experience for the first time? yes no

By signing this form, you authorize the National Association of Catering Executives to charge your card in accordance with the installment plan below:

- 1st payment – applied upon receipt**
- 2nd payment – applied on May 14, 2012
- 3rd payment – applied on June 15, 2012

**** To participate in the installment plan, send your completed form with payment information no later than April 16, 2012.**

FEE NOTICE:

There is a \$75 administrative fee on all changes.

REFUND POLICY:

No refunds. Substitutions are accepted, \$75 administrative fee applies.

Registration Fees

Full Registration

	<u>Price</u>
____ NACE Member	\$950
____ Non-Member	\$1050
____ Student Member	\$450
____ Young Professional	\$500

Individual Event Tickets

Full registration INCLUDES these events.

<u>QTY.</u>			<u>Price</u>
____	Opening Reception	Member	\$100 \$____
	Sunday, July 15	Non-Member	\$125 \$____
____	Awards Gala	Member	\$150 \$____
	Tuesday, July 17	Non-Member	\$175 \$____

Optional Event Tickets

____	Foundation of NACE Fundraiser	\$100 \$____
	Sunday, July 15	
	<i>A portion of the price for this ticket will be a donation to the Foundation.</i>	

Preconference Workshops and Exams

____	CPCE Fast Track	\$125 \$____
	Saturday, July 14	
____	CPCE Exam* (members)	\$395 \$____
____	CPCE Exam *(non-members)	\$495 \$____
	Sunday, July 15	

Please return this completed, signed form with payment via email (kschneider@nace.net), fax (410-290-5460) or mail to:

NACE
Attn: Kris Schneider
9891 Broken Land Parkway #301
Columbia, MD 21046

Visit www.nace.net for more information or call us at 410-290-5410.

**Your [CPCE application](#) must be approved in order to be officially registered for the exam.*

Our host hotel, the **Marriott New Orleans**, is offering a rate of **\$159** per night (single/double occupancy, plus tax) for conference attendees. [Book](#) your room today.

Payment Options: (credit card only)

Visa MasterCard American Express

Cardholder Name

Card Number Exp Date

Billing Address

Signature

Total Amount Enclosed \$ _____