

# 2009 NACE LEADERSHIP SUMMITS

**For Accounting Use Only:**

DREC: \_\_\_\_\_ PREC: \_\_\_\_\_

MID: \_\_\_\_\_ RID: \_\_\_\_\_

January 4-6, 2009 – **The Resort at Singer Island – Singer Island, FL**

January 17-19, 2009 – **Renaissance Chicago Downtown – Chicago, IL**

February 20-22, 2009 – **HOTEL TBD – Las Vegas, NV**

**Please print or type:** For additional registrants attending the same Leadership Summit, please use space below. Badges can accommodate a total of 23 characters for name (line 1) and company (line 2)

**IMPORTANT: REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT A FULL NAME AND FULL PAYMENT.**

\_\_\_\_\_  
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 Fax

**Additional Registrants**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

**Registration Fees:**

**Full Registration:**

NACE Member \$525

**For your registration to be processed, please check all that apply:**

**FEE NOTICE:**

There is a \$50 administrative fee on all changes, cancellations and/or refunds.

**REFUND POLICY:**

Before December 1<sup>st</sup>, 2008 – **Full Refund**  
Before December 15<sup>th</sup>, 2008 – **50% REFUND**  
After December 15<sup>th</sup> - **No Refunds**

(All requests for cancellations/refunds must be received in writing at NACE HQ by fax 410.290.5460 or by email sbuell@nacenet.org)

**Payment Options:**

Check Enclosed (Make Payable to "NACE" in US Funds **ONLY**)

Visa  MasterCard  American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp Date Signature

Total Amount Enclosed \$ \_\_\_\_\_

**Return this completed form along with your payment to:**

NACE  
9881 Broken Land Parkway #101  
Columbia, MD 21046  
p : 410.290.5410 | f: 410.290.5460  
www.NACE.net

If you require auxiliary services under the Americans with Disabilities Act, please check the box to the left and attach a written description of needs.