



P H I L A D E L P H I A

August 3 – 6, 2008 | Loews Philadelphia Hotel | Philadelphia, PA

First Name _____ Last Name _____

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 _____

Phone Fax _____

Email _____

REGISTRATION FEES

	Before 4/30	Before 7/15	Total
<input type="checkbox"/> NACE Member	\$1050	\$1150	\$_____
<input type="checkbox"/> Non Member	\$1175	\$1275	\$_____
<input type="checkbox"/> Student	\$450	\$450	\$_____
<input type="checkbox"/> Spouse or Guest	\$595	\$595	\$_____

ONE DAY FEES

	Before 4/30	Before 7/15	Total
<input type="checkbox"/> NACE Member	\$395	\$445	\$_____
<input type="checkbox"/> Non Member	\$445	\$495	\$_____

Please circle the day you will be attending (you may register for one day only):
 Monday, August 4 Tuesday, August 5 Wednesday, August 6

INDIVIDUAL EVENT TICKETS

These events are included in the full registration fees only

Qty	Event	Member	Non Member	Total
_____	Opening Reception Sunday, August 3	\$145	\$165	\$_____
_____	Off-Premise Event Monday, August 4	\$165	\$195	\$_____
_____	Closing Night Gala Wednesday, August 6	\$195	\$230	\$_____
_____	Foundation Reception Tuesday, August 5	\$25	-	\$_____

ON-SITE FEES

Members \$1195 Non-member \$1325 Student \$475

Please print or type: Complete a separate form for each registrant. 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.

PAYMENT OPTIONS

- Check Enclosed (Make Payable to "NACE" in US Funds ONLY)
- Visa MasterCard American Express

Card Number _____

Name on Card _____

Signature _____

Exp Date _____

Total Amount Enclosed \$ _____

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

- This is my first time attending a NACE education conference.
- Please send me information about the Certified Professional Catering Executive (CPCE) program and examination.
- I am NOT staying at the conference hotel.
Reason: _____

FEE NOTICE

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

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

REFUND POLICY

Before May 31st – Full Refund
 Before June 10th – 50% REFUND
 After July 15th – No Refunds

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.