



## REGISTRATION FORM

Name \_\_\_\_\_  
 Informal first name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Registration

Everyone who attends the meeting must be registered and must wear a meeting badge. If registering more than one person from the same company, please complete one registration form for each attendee and send in together.

<b>Early-Bird Registration Fees+</b>	<b>Single-Day Registration Fees****</b>
<b>Full Conference Fee</b>	
NABE Member* \$475 _____	Wed., February 27 (member) \$150 _____
U.S. Government Agency Employee \$550 _____	Wed., February 27 (non-member) \$250 _____
Non-Member** \$625 _____	Thurs., February 28 (member) \$300 _____
	Thurs., February 28 (non-member) \$400 _____
NABE Student Member (no meals)*** \$75 _____	Fri., March 1 (member) \$300 _____
	Fri., March 1 (non-member) \$400 _____

**Please note: Unless registering as a student, a \$25 processing fee will be added. Save \$25 by registering online!**

*Meeting fee includes all sessions and coffee breaks, two breakfasts, two luncheons, and two receptions.*

+Early-Bird deadline is **January 30, 2019**. Add \$75 after January 30, 2019. Add \$100 after February 20, 2019.

\*I am a member of:  NABE  AUBER

\*\*fee includes \$150 for one year of NABE membership dues.

\*\*\*Must be a full-time student and can only be working part-time. You must send a copy of your student ID along with this form. If not already a NABE Student Member, you must first join online at the one-year student rate of \$30.

\*\*\*\* Add \$75 after January 30, 2019. Add \$100 after February 20, 2019.

*Contributions or gifts to NABE are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.*

### Payment

<input type="checkbox"/> Charge: ___ Visa ___ MasterCard ___ American Express ___ Discover			
Card Number _____		Security Code (CVV#): _____	
Expiration Date _____		Name on card _____	
Billing Address (if different than above): _____			
(Street)	(City)	(State)	(Zip)
<input type="checkbox"/> Check is enclosed payable to NABE (payable in U.S. dollars and drawn on a U.S. bank.)			

*To be eligible for a refund less a \$50 processing fee, registration cancellation must be received in writing by **January 30, 2019**. Questions? Please contact NABE at nabe@nabe.com or by phone at 202-463-6223.*