

REGISTRATION FORM
NARA FALL CONFERENCE: OCTOBER 20-22, 2010
Don't Leave Your Future to Chance:
The A to Z's of Designing a Winning Strategic Plan

1. **COMPLETE** clearly in BLOCK LETTERS and please be as detailed as possible
2. **FAX / E-MAIL** registration form, as well as payment information to nara.admin@naranet.org or to 1-800-716-1847 **BEFORE Friday October 15, 2010**
3. **MAIL** registration form to: National Association of Rehabilitation Providers and Agencies
701 8th Street NW, Suite 500, Washington, DC 20001
4. **RESERVE** sleeping room accommodations at host property:
 - Renaissance Las Vegas Hotel
 - 3400 Paradise Road
 - Las Vegas, NV, 89169
 - www.renaissancelasvegas.com
 - Reservation Line is Now Open. Call 1-800-750-0980
 - Reserve Early!!! Rooms are limited.

**You can also
register ONLINE at
www.NARANET.org**

ATTENDEE INFORMATION			
Name			
Title			
Additional Staff Name & Title			
Additional Staff Name & Title			
Additional Staff Name & Title			
Company			
Address			
State		Zip	
Business Phone			
Business Fax			
E-mail address			
Special dietary requirements	Vegetarian	Kosher	Other _____
My company is a 1 st time attendee	_____ Yes	_____ No	
If "Yes", I would like to be assigned a mentor	_____ Yes	_____ No	
If "No", I would like to serve as a mentor	_____ Yes	_____ No	
SPONSOR/VENDOR REQUEST			
Please contact me regarding becoming a sponsor or being an exhibitor at the conference	_____ Yes	_____ No	
	Best method of contact: _____ Phone _____ Email		
	Best time of day: _____		

REGISTRATION FEES NARA membership must be current in order to register at the Elite or member rates.	EARLY BIRD BEFORE September 3, 2010	REGISTRATION AFTER September 3, 2010	ON SITE AFTER October 20, 2010

Pre-Conference (Wednesday, October 21 Only)

MEMBERS (including Elite) 1 st Attendee	\$199	\$249	\$299		\$
MEMBERS Additional Staff	\$199	\$249	\$299	Qty____	\$
NON-MEMBERS 1 st Attendee	\$249	\$299	\$349		\$
NON-MEMBERS Additional Staff	\$249	\$299	\$349	Qty____	\$

2 Day NARA Conference (Thursday, October 22 & Friday, October 23 Only)

ELITE MEMBERS 1 st Attendee	\$279.50	\$307.50	\$357.50		\$
ELITE MEMBERS Additional Staff	\$455	\$505	\$555	Qty____	\$
MEMBERS 1 st Attendee	\$559	\$615	\$665		\$
MEMBERS Additional Staff	\$455	\$505	\$555	Qty____	\$
NEW TRIAL MEMBERS 1 st Attendee	\$359	\$415	\$465		\$
NEW TRIAL MEMBERS Additional Staff	\$455	\$505	\$555	Qty____	\$
NON-MEMBERS 1 st Attendee	\$695	\$759	\$809		\$
NON-MEMBERS Additional Staff	\$595	\$659	\$709	Qty____	\$

Full 3 Day Conference (October 21- 23)-BEST VALUE!!!

ELITE MEMBERS 1 st Attendee	\$329.50	\$379.50	\$429.50		\$
ELITE MEMBERS Additional Staff	\$555	\$625	\$575	Qty____	\$
MEMBERS 1 st Attendee	\$659	\$725	\$775		\$
MEMBERS Additional Staff	\$555	\$625	\$675	Qty____	\$
NEW TRIAL MEMBERS 1 st Attendee	\$469	\$525	\$575		\$
NEW TRIAL MEMBERS Additional Staff	\$555	\$625	\$675	Qty____	\$
NON-MEMBERS 1 st Attendee	\$749	\$825	\$875		\$
NON-MEMBERS Additional Staff	\$699	\$800	\$850	Qty____	\$

One Day Fee (members & non-members)

MEMBERS Please Select Day THURS <input type="checkbox"/> FRI <input type="checkbox"/>	\$299	\$299	\$349	Qty____	\$
NON-MEMBERS Please Select Day THURS <input type="checkbox"/> FRI <input type="checkbox"/>	\$349	\$349	\$399	Qty____	\$

Guest/Spouse Special Event Fee

Name: _____ Name: _____	Evening Reception \$50 <input type="checkbox"/>	Vendor Fest \$50 <input type="checkbox"/>		Qty____	\$
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METHOD OF PAYMENT	Check: Please mail and make Payable to NARA	Credit card: Please fill out form below	TOTAL	\$
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PLEASE CHARGE THE TOTAL DUE TO THE FOLLOWING CREDIT CARD: I, understand that no refunds or credits will be given once payment is received; however, registrations may be transferred to others within the organization.

Name of card holder:															
Type of card	Visa					MasterCard					American Express				
Card number															
Expiration date					\$ Amount										.00
Security code					Signature of card holder:										