



NARA
The National Association of
Rehabilitation Providers and Agencies

Fall 2016 Conference
Chart Your Course for Business Success
In the Rehabilitation Industry

Dates: Pre-Conference October 25, 2016; Full Conference October 26-28, 2016

Location: The Westin Las Vegas, 160 E Flamingo Road, Las Vegas, NV

Room Reservations: Call 702-836-5945 before September 19, 2016 and mention NARPA for special pricing (does not include tax): Single/Double \$154.00/night plus \$24.99 daily resort fee – *includes free internet in rooms and public spaces.*

Registration: Available online or complete form below and fax to: (800) 716-1847 or email to nara.admin@naranet.org. Payments can be mailed to: NARA, 701 8th Street NW, Suite 500, Washington, DC 20001

Company Name: _____

Mailing Address: _____

City, State, & Zip: _____

Phone Number: _____ Fax Number: _____

Attendee # 1:

Name: _____

Title: _____ Discipline PT PTA OT COTA

Email Address: _____ SLP CHC Other

Special Dietary: Vegetarian Kosher Other _____ Would you like a Mentor? Yes No

Attendee # 2:

Name: _____

Title: _____ Discipline PT PTA OT COTA

Email Address: _____ SLP CHC Other

Special Dietary: Vegetarian Kosher Other _____ Would you like a Mentor? Yes No

Attendee # 3:

Name: _____

Title: _____ Discipline PT PTA OT COTA

Email Address: _____ SLP CHC Other

Special Dietary: Vegetarian Kosher Other _____ Would you like a Mentor? Yes No

Attendee # 4:

Name: _____

Title: _____ Discipline PT PTA OT COTA

Email Address: _____ SLP CHC Other

Special Dietary: Vegetarian Kosher Other _____ Would you like a Mentor? Yes No

How did you hear about this conference: _____

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	EARLY BIRD By 9/23/2016	After 9/23/2016	On Site	Number of Days	Total Amount
Daily Registration Fee ONLY – please circle the day(s) you will attend:					
Wednesday Thursday Friday					
Elite Member – <i>Daily Registration Fee</i>	\$ 149.00	\$ 199.00	\$ 229.00	_____	_____
Members - <i>Daily Registration Fee</i>	\$ 249.00	\$ 299.00	\$ 329.00	_____	_____
1 st Time Attending Company – <i>Daily Fee</i>	\$ 199.00	\$ 249.00	\$ 299.00	_____	_____
Non-Members - <i>Daily Registration Fee</i>	\$ 275.00	\$ 325.00	\$ 375.00	_____	_____
Pre-Conference (Tuesday, October 25, 2016)				# Attendees	Total Amt
NARA Member	\$ 149.00	\$ 199.00	\$ 199.00	_____	_____
NARA Non-Member	\$ 199.00	\$ 249.00	\$ 249.00	_____	_____
Full Conference (Wednesday – Friday)				# Attendees	Total Amt
Elite Member: 1 st Attendee	\$ 300.00	\$ 350.00	\$ 400.00	_____	_____
Elite Member: Additional Attendees	\$ 450.00	\$ 500.00	\$ 550.00	_____	_____
Members: 1 st Attendee	\$ 600.00	\$ 700.00	\$ 800.00	_____	_____
Member: Additional Attendees	\$ 450.00	\$ 500.00	\$ 550.00	_____	_____
1 st Time Attending Company	\$ 399.00	\$ 499.00	\$ 599.00	_____	_____
Non-Members: 1 st Attendee	\$ 700.00	\$ 800.00	\$ 900.00	_____	_____
Non-Member: Additional Attendees	\$ 550.00	\$ 650.00	\$ 750.00	_____	_____
Welcome Reception <i>Guest Only</i>:					
Name: _____	\$ 100.00	\$ 100.00	\$ 150.00	_____	_____
Vendor Fest <i>Guest Only</i>:					
Name: _____	\$ 100.00	\$ 100.00	\$ 150.00	_____	_____
Total Registrations:				[]	[]

**Someone attending whose company has never registered for a NARA conference - can be a non-member or a new "Trial" member who has never attended a NARA Conference.*

Cancellation Policy: Registrations are transferable to other people for the same conference. All cancellations must be confirmed in writing a minimum of 3 weeks prior to the conference start date to be eligible for a full refund, less a \$100 cancellation fee. A cancellation made less than 3 weeks before the conference start date is not eligible for a refund, but can be transferred to another employee of the organization. Participant(s) who do not cancel in writing will be considered as "no shows" and will not be eligible for refunds/credits. _____ (please initial)

Method of Payment: Visa MasterCard Discover American Express Check

My signature below authorizes NARA to charge the credit card provided below the amount of the registrations as set forth on this form.

Card Number: _____ Security Code: _____

Name on Card: _____ 3-digit back of card for V, M, & D
4-digit front of card for AMEX

Expiration Date: _____ Authorized Amount: \$ _____

Signature/Date: _____