



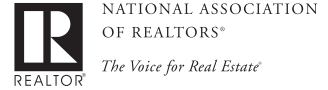
# REGISTRATION & HOTEL REQUEST FORM

**MAIL:** NAR c/o Experient  
P.O. Box 4088  
Frederick, MD 21705

**FAX:** 1-888-772-1888 (US/CAN)  
1-301-694-5124 (Outside US/CAN)

**TEL:** 1-800-650-6893 (US/CAN)  
1-847-996-5876 (Outside US/CAN)

**ONLINE:** [www.REALTOR.org/Conference](http://www.REALTOR.org/Conference)



## SECTION 1 - Registration Please print or type clearly. One member registration per form. For additional registrations, please duplicate this form.

Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  I want to receive text messages of Conference updates on-site (regular voice and data fees may apply)

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ NRDS Member ID: \_\_\_\_\_

Country: \_\_\_\_\_ City/State for badge (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ (International - include Country/City code)

Check here if you are a first-time attendee.

Check here if you do not want to be listed in the attendee roster.

Check here if you have a disability which requires special services at this meeting. Attach a written description of your needs.

## SECTION 2 - Guests Please register my non-industry Spouse/Guest: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## SECTION 3 - Hotel Reservation (see hotel map for important details)

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Hotel preferred: \_\_\_\_\_

1st Choice: \_\_\_\_\_ Rate: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Rate: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Rate: \_\_\_\_\_

*If you are sharing a room with another registrant, please submit your registration forms together and list share with names below.*

1. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

3. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**If you require 10 or more rooms, contact EXPERIENT at 1-800-650-6893**

Please **rank** the following in order of importance to help us assign a hotel in the event your selections are not available:  
 Lowest rate  Proximity to Convention Center

**Hotel rooms cannot be made without a deposit.**  
 Standard Accomodations: \$200  
 Parlor + 1 Bedroom: \$400  
 Parlor + 2 Bedrooms: \$600

HOTEL DEPOSIT: \$ \_\_\_\_\_ (U.S. Dollars Drawn on a U.S. Bank)  
 See hotel page for important cancellation and deposit information)

**Room Occupancy (check one) Room Type Bed Request (based on availability)**

Single (one person)  Standard Accomodations  One Bed

Double (two people)  Parlor + 1 Bedroom (Suite)  Two Beds

Triple (three people)\*  Parlor + 2 Bedrooms (Suite)

Quad (four people)\*  
 \*additional fee may apply

No hotel is required. Please indicate where you are staying to help us determine preferred hotels for future meetings.  
 Hotel (name) \_\_\_\_\_

## SECTION 4 - About You

<p><b>MEMBER CATEGORY</b> (Check one)</p> <p><input type="checkbox"/> REALTOR®  <input type="checkbox"/> REALTOR-ASSOCIATE®  <input type="checkbox"/> REALTOR® Office Staff  <input type="checkbox"/> International Member  <input type="checkbox"/> MLS Executive  <input type="checkbox"/> State Board EO  <input type="checkbox"/> State Board Staff  <input type="checkbox"/> NON-MEMBER</p> <p><b>BUSINESS FUNCTION</b> (Check one)</p> <p><input type="checkbox"/> Broker-Owner  <input type="checkbox"/> Broker  <input type="checkbox"/> Sales Office Manager  <input type="checkbox"/> Sales Agent  <input type="checkbox"/> IT Professional  <input type="checkbox"/> Other</p>	<p><b>PRIMARY AFFILIATION</b></p> <p><input type="checkbox"/> NAR  <input type="checkbox"/> REBAC/SRES  <input type="checkbox"/> CRB  <input type="checkbox"/> RLI  <input type="checkbox"/> CRS  <input type="checkbox"/> WCR</p> <p><b>MEMBER CATEGORY</b> (Check if applicable)</p> <p><input type="checkbox"/> National Director  <input type="checkbox"/> State President  <input type="checkbox"/> State President-Elect  <input type="checkbox"/> Board President  <input type="checkbox"/> Board President-Elect  <input type="checkbox"/> State Executive Officer  <input type="checkbox"/> Board Executive Officer</p>	<p><b>REAL ESTATE SPECIALTY</b></p> <p><input type="checkbox"/> Appraisal  <input type="checkbox"/> Auction  <input type="checkbox"/> Commercial  <input type="checkbox"/> International  <input type="checkbox"/> Land  <input type="checkbox"/> Property Management  <input type="checkbox"/> Relocation  <input type="checkbox"/> Residential  <input type="checkbox"/> Resort  <input type="checkbox"/> Other</p>
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## SECTION 5 - Conference Fees

<b>BEST VALUE!</b>	<b>FULL CONFERENCE</b> Includes all non-ticketed Conference programs, Expo and Realtors® Celebrity Concert.		<b>ONE DAY PASS</b> Includes all non-ticketed activities on that day plus unlimited Expo access during show hours on all four days.				<b>EXPO ONLY PASS</b> Unlimited Expo access during official hours on all days.
	Before Aug. 15	After Aug. 15	Friday	Saturday	Sunday	Monday	
<input type="checkbox"/> Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$380	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$25
<input type="checkbox"/> Non-Industry Spouse/Guest	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$25
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$480	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$50

Governance Meeting ONLY (no charge) I will not attend any Conference activities.  
 Total Conference Registration Fees: \$ \_\_\_\_\_ (U.S. Dollars Drawn on a U.S. Bank)  
**\*Full Conference and One Day registration includes a contribution to Habitat for Humanity**

## SECTION 6 - Payment Information

\$ \_\_\_\_\_ Conference Fee + \$ \_\_\_\_\_ Hotel Deposit = \$ \_\_\_\_\_ My Total Fee(s)

Check Enclosed. Make Payable to: "NAR Conference 2010" (In U.S. Dollars Drawn on a U.S. Bank)

Credit Card:  Visa  MasterCard  American Express  Discover Card  Diners Club

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Conference Registration Transfer Policy: All registration transfers must be made by 10/15/10. Requests after that date must be made on-site at NAR's Registration Assistance Counter. Bring original registrant's credentials.

Conference Registration Cancellation Policy: All cancellations must be made in writing by 10/15/10. A \$25 administration fee per registrant will be charged on cancellations received by 10/15/10. No refunds will be given after 10/15/10.