

CHART A WINNING COURSE



REGISTRATION & HOTEL REQUEST FORM

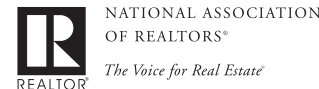
REALTORS[®]
CONFERENCE & EXPO
 SAN DIEGO | NOVEMBER 13-16, 2009

MAIL: NAR c/o EXPERIENT
 568 Atrium Drive
 Vernon Hills, IL 60061

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

FAX: 800-521-6017 (US/CAN)
 847-996-5401 (Outside US/CAN)

ONLINE: 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: _____
 First Name: _____ Nickname: _____
 Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____ City/State for badge (if different): _____
 Phone: _____ (International - include Country/City code)

Cell Phone: _____ I want to receive text messages of
 Conference updates on-site (regular voice and data fees may apply)
 Fax: _____
 E-mail: _____
 NRDS Member ID: _____
 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 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)

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: _____

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

MEMBER CATEGORY

- (Check one)
 REALTOR[®]
 REALTOR-ASSOCIATE[®]
 REALTOR[®] Office Staff
 International Member
 MLS Executive
 State Board EO
 State Board Staff
 NON-MEMBER

BUSINESS FUNCTION

- (Check one)
 Broker-Owner
 Broker
 Sales Office Manager
 Sales Agent
 IT Professional
 Other

PRIMARY AFFILIATION

- NAR
 REBAC/SRES
 CRB
 RLI
 CRS
 WCR

MEMBER CATEGORY

- (Check if applicable)
 National Director
 State President
 State President-Elect
 Board President
 Board President-Elect
 State Executive Officer
 Board Executive Officer

REAL ESTATE SPECIALTY

- Appraisal
 Auction
 Commercial
 International
 Land
 Property Management
 Relocation
 Residential
 Resort
 Other

SECTION 5 - Conference Fees

BEST VALUE!	FULL CONFERENCE Includes all non-ticketed Conference programs, Expo, Realtors [®] Celebrity Concert, and General Session.	ONE DAY Includes all non-ticketed activities on day of choice plus unlimited Expo access during show hours on all days.			EXPO ONLY Unlimited Expo access during official hours on all days.	
	Through 8/15/09	After 8/15/09 or On-site	FRI	SAT	SUN	MON
<input type="checkbox"/> Member	<input type="checkbox"/> \$300* <input type="checkbox"/> \$330*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$25*
<input type="checkbox"/> Non-Industry Spouse/Guest	<input type="checkbox"/> \$200* <input type="checkbox"/> \$230*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$25*
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$400* <input type="checkbox"/> \$430*	<input type="checkbox"/> \$165*	<input type="checkbox"/> \$165*	<input type="checkbox"/> \$165*	<input type="checkbox"/> \$165*	<input type="checkbox"/> \$40

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 2009" (In U.S. Dollars Drawn on a U.S. Bank)

Credit Card: Visa MasterCard American Express Discover Card Diners Club

Conference Registration Transfer Policy: All registration transfers must be made by 10/15/09.
 Requests after that date must be made on-site at NAR's Registration Assistance Counter.
 Bring original registrant's credentials.

Card Number: _____ Exp: _____

Name of Card Holder: _____

Card Holder Signature: _____

Conference Registration Cancellation Policy: All cancellations must be made in writing by 10/15/09. A \$25 administration fee per registrant
 will be charged on cancellations received by 10/15/09. No refunds will be given after 10/15/09.