NAFD 93rd ANNUAL CONVENTION
REGISTRATION FORM
May 16 - 20, 2012
The Ritz Carlton
Key Biscayne, FL

Name As You Wish It to Appear on Your Name Badge:

Member First & Last Name: _____ Spouse/Companion Full Name:_____

Company Name: _____

Current Members: CHANGES ONLY **Guests: Please provide all information**

Mailing Address: _____City _____St _____Zip_____

E-Mail _____Tele_____Fax_____

This form must be submitted for each member attending the convention.

REGISTRATION FEES (U.S. DOLLARS)

	Before March 1st	March 1st - 31st	After April 1st
Member & Spouse	$ 1,495.00	$ 1,550.00	$ 1,600.00
Individual Member	$ 925.00	$ 975.00	$ 1,025.00
Non-Member & Spouse	$ 1,795.00	$ 1,850.00	$ 1,900.00
Individual Non-Member	$ 1,225.00	$ 1,275.00	$ 1,325.00

First time ***Distributor*** convention attendees will receive 50% off the registration fee.

Special Meal Requirements: Vegetarian _____ Other _____ ☐For how many? _____

RECREATIONAL ACTIVITIES

Golf (Friday): **$175 / Golfer** (*Fee includes – Golf and Lunch)* # of Men: ____ # of Women: ____ Amt _____

Rentals – pay at course. (Circle): >>>>>>>>>>> Left or Right Left or Right

Volleyball(Thursday): # of Men: ____ # of Women: ____

CHECK TOTAL (US DOLLARS) (Make sure you include Golf payment if applicable) **>>>>>>>>** $ _____

Make Checks Payable To: **NAFD**

Mail To: Association Services USA
5350 Woodland Place
Canfield, OH 44406

330-718-6563 timdove51@gmail.com 877-573-1230 (fax)

CANCELLATION POLICY:

- 90% Refund if cancelled by April 1st
- 50% Refund if cancelled between April 1st – April 30th
- NO Refund after April 30th
- NO Refunds for Activities after April 15th

THIS IS YOUR INVOICE - KEEP A COPY AS YOUR RECEIPT