

**Registration Form: QA09
PRESS**

Register on-line at www.npra.org
Register by September 11th - Save \$100

STEP 1: Attendee Profile

Please fill out completely. Badges will be printed from this information.

Name _____
Title _____
Company _____
Address _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone (Area/Country/City Code) _____ Fax(Area/Country/City Code) _____
E-mail _____

This is not a permanent address change.

Spouse/Guest Name (if attending) _____

Check here if you require special needs.
Please attach a description of your needs.

STEP 2: Meeting Registration

	By Sept. 11	After Sept. 11
<input type="checkbox"/> Member	\$ 500 _____	\$ 600 _____
<input type="checkbox"/> Non-Member	\$ 995 _____	\$ 1095 _____
<input type="checkbox"/> Spouse/Guest	\$ 100 _____	\$ 100 _____
<input type="checkbox"/> Working Press Comp.	\$ 0 _____	\$ 0 _____

One-day Passes

Member

<input type="checkbox"/> Monday	\$ 250 _____	\$ 300 _____
<input type="checkbox"/> Tuesday	\$ 250 _____	\$ 300 _____
<input type="checkbox"/> Wednesday	\$ 125 _____	\$ 150 _____

Non-member

<input type="checkbox"/> Monday	\$ 500 _____	\$ 550 _____
<input type="checkbox"/> Tuesday	\$ 500 _____	\$ 550 _____
<input type="checkbox"/> Wednesday	\$ 250 _____	\$ 275 _____

Total Amount Due _____

Name of Member Company _____

Not sure if your company is a member? Go to www.npra.org

Register by Fax: _____ Register by Mail: _____
Fax your form with credit card 1667 K Street NW
information to 202.835.0467. Suite 700
Washington, DC 20006

STEP 3: Payment Information

Payments to NPRA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

AMEX VISA MasterCard

Credit card Number _____

Expiration Date _____

Name of person on card (Please print) _____

Signature (Required, authorizing charge & acknowledging cancellation/refund, fee, registration, spouse, ethics & entertainment policies)

STEP 4: Hotel Reservation

Hotel Reservation requests must be accompanied by paid conference registration to be processed. Room Rate is \$182 Single/ \$192 Double occupancy at the Omni Fort Worth Hotel, 1300 Houston Street, Fort Worth, TX.

Arrival Date: _____

Departure Date: _____

If no dates are indicated, we will assign arrival Sunday, October 11 and departure Wednesday, October 14.

Room Type: 1 Bed 2 Beds

Total # of people in room _____

Room Guarantee: AMEX VISA
 MasterCard Discover Diners

Credit card Number _____

Expiration Date _____

Signature _____

Special Requests: Disability Other

Frequent Guest Number: _____

Fax suite requests to Mallory Jones at 202-835-0467.

Register on-line to receive immediate acknowledgement of hotel. September 11 is the final cut-off date to reserve a room. Contact the hotel directly with changes or cancellations beginning September 19, 2009