



Saturday, August 19, 2017 11:00am – 3:00pm
Sheraton Monarch Hotel Springfield, MA

Meeting Registration

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

Registration Level:

- \$45.00 Early Registration (Must Be Received By August 11)**
- \$50.00 Late Registration (After August 11 or At Door)**
- \$25.00 Student Registration**
- \$100.00 Sponsor Registration**

Payment:

- Check Enclosed**
- Credit Card (Your Card Billing Address Must Match The Address Entered Above)**

Card Number: _____

Expiration Date (mm/yy): _____

Security Code: _____

(3 digits on rear of MC & VISA; 4 digits on front of AX)

Mail Completed Form To:

NARP - NE Meeting Registration
1200 G. Street, NW
Suite 240
Washington, DC 20005