



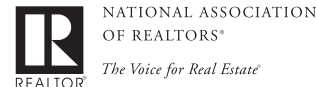
# REGISTRATION & HOTEL REQUEST FORM

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

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

**FAX:** 1-888-772-1888 (US/CAN)  
1-301-694-5124 (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 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 Accommodations: \$200  
 Parlor + 1 Bedroom: \$400  
 Parlor + 2 Bedrooms: \$600

**Room Occupancy (check one)** **Room Type** **Bed Request**  
 (based on availability)  
 Single (one person)  Standard Accommodations  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> <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><b>BUSINESS FUNCTION</b> (Check one)</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><b>PRIMARY AFFILIATION</b></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><b>MEMBER CATEGORY</b> (Check if applicable)</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><b>REAL ESTATE SPECIALTY</b></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
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**SECTION 5 - Conference Fees**

<b>BEST VALUE!</b>	<b>FULL CONFERENCE</b> <small>Includes all non-ticketed Conference programs, Expo and Realtors® Celebrity Concert.</small>	<b>ONE DAY PASS</b> <small>Includes all non-ticketed activities on that day plus unlimited Expo access during show hours on all four days.</small>				<b>EXPO ONLY PASS</b> <small>Unlimited Expo access during official hours on all days.</small>	
	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

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.