

REGISTRATION & HOTEL RESERVATION FORM

Midyear Legislative Meetings & Trade Expo May 11-16, 2009

• Washington, D.C. • Trade Expo May 13-15, 2009



NATIONAL ASSOCIATION
OF REALTORS®

The Voice for Real Estate

SECTION 1 REGISTRATION

NAME (LAST) _____ (FIRST) _____
NICKNAME FOR BADGE _____
FIRM NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
COUNTRY _____
CITY/STATE FOR BADGE IF DIFFERENT _____

PHONE (INTERNATIONAL-INCLUDE COUNTRY/CITY CODE) _____

FAX _____

E-MAIL ADDRESS (CONFIRMATIONS WILL BE E-MAILED) _____

Check here if you are a first time attendee.

Check here if you have a disability which requires special services at this meeting. Attach a written description of needs.

SECTION 2 REGISTRATION FEES - NAR LEGISLATIVE MEETINGS & TRADE EXPO

Member: No Charge Non-Member: \$125 WCR MEETINGS: \$249
NAR Member ID# _____ Non-Member Expo Only: \$40

SECTION 3 GUEST REGISTRATION

Non-Industry Spouse/Guest: No Charge
Register my Non-Industry Spouse/Guest _____
NAME (LAST) _____ (FIRST) _____

SECTION 4 HOTEL REGISTRATION

Room Occupancy (check one) **Room Type** **Bed Request** **Hotel reservations cannot be made without a deposit.**
 Single (one person) Triple (three people) * Standard Accommodations (based on availability) Standard Accommodations \$200;
 Double (two people) Quad (four people) * Parlor + 1 Bedroom One Bed (king or queen) Parlor + 1 Bedroom \$400;
* See details on hotel side Parlor + 2 Bedrooms Two Beds Parlor + 2 Bedrooms \$600
Hotel Deposit: \$ _____. (U.S. Dollars)

See hotel map and important details on hotel side

If you are sharing a hotel room with another registrant, submit your registration forms together and list share with names below.

Arrival Date _____ Departure Date _____

Hotel Preferred:

1. NAME _____ CITY/STATE _____

1ST CHOICE _____ RATE _____

2. NAME _____ CITY/STATE _____

2ND CHOICE _____ RATE _____

3. NAME _____ CITY/STATE _____

3RD CHOICE _____ RATE _____

REMARKS _____

No hotel is required. Please indicate where you are staying to help us determine preferred hotels for future meetings:

Condo/Time Share Residence Hotel _____

SECTION 5 ABOUT YOU

MEMBER (Check One)	Business Function (Check One)	Primary Affiliation	Association Position (Check if applicable)	Real Estate Specialty (Check all that apply)
<input type="checkbox"/> REALTOR®	<input type="checkbox"/> Broker-Owner	<input type="checkbox"/> NAR	<input type="checkbox"/> National Director	<input type="checkbox"/> Appraisal <input type="checkbox"/> Relocation
<input type="checkbox"/> REALTOR-ASSOCIATE®	<input type="checkbox"/> Broker	<input type="checkbox"/> REBAC	<input type="checkbox"/> State President	<input type="checkbox"/> Auction <input type="checkbox"/> Residential
<input type="checkbox"/> REALTOR®-Office Staff	<input type="checkbox"/> Sales/Office Mgr.	<input type="checkbox"/> RLI	<input type="checkbox"/> State Pres.-Elect	<input type="checkbox"/> Commercial <input type="checkbox"/> Resort
<input type="checkbox"/> International Member	<input type="checkbox"/> Sales Agent	<input type="checkbox"/> CRB	<input type="checkbox"/> Board President	<input type="checkbox"/> International <input type="checkbox"/> Other
<input type="checkbox"/> State/Board EO	<input type="checkbox"/> MLS Executive	<input type="checkbox"/> CRS	<input type="checkbox"/> Board Pres.-Elect	<input type="checkbox"/> Land
<input type="checkbox"/> State/Board Staff	<input type="checkbox"/> I.T. Professional	<input type="checkbox"/> WCR	<input type="checkbox"/> State EO	<input type="checkbox"/> Property Mgt.
<input type="checkbox"/> NON-MEMBER \$125	<input type="checkbox"/> Other _____		<input type="checkbox"/> Board EO	

SECTION 6 PAYMENT INFORMATION

Total Fees \$ _____. (U.S. Dollars) **Credit Card** _____
(Including Hotel Deposit) Visa Mastercard Card Number _____ Exp. Date _____
 Check Enclosed. Discover Diners Club Name of Cardholder (Please Print) _____
Make Payable to: "NAR Midyear '09" American Express Cardholder Signature _____

REGISTRATION OPTIONS:

Online www.REALTOR.org/midyear.nsf **Mail:** NAR Midyear Meetings c/o EXPERIENT, 568 Atrium Drive, Vernon Hills, IL 60061

Fax: US/CAN: 1-800-521-6017 • Outside US/CAN: 1-847-996-5401 • **Phone:** US/CAN: 1-800-650-6893 • Outside US/CN: 1-847-996-5876