

# NASPD Fall Conference

The Fairmont Copley Plaza Hotel October 9 - 11, 2008  
Conference Registration

**DEADLINE:**  
Sept. 4, 2008

Mail registration and fees to: NASPD•1501 E. Mockingbird Lane, #307•Victoria, TX 77904  
Fax registration form to: (361) 574-9347 or register online at [www.naspd.com](http://www.naspd.com).  
If you have any questions, call (361) 574-7878.

Registrant: \_\_\_\_\_ Badge Name: \_\_\_\_\_  Member  Non Member  
Spouse: \_\_\_\_\_ Badge Name: \_\_\_\_\_  New Member (application submitted)  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Airline Arrival Date & Time: \_\_\_\_\_ Airline Departure Date & Time: \_\_\_\_\_

**Please check your registration selections and total fee** **Total Fees**

Registration: \_\_\_ Full Registration \$530 \_\_\_ Spouse Full Registration \$430 \_\_\_ Child Registration \$100 (Under 21) \_\_\_\_\_  
\_\_\_ One Day Registration (Friday Only) \$350 \_\_\_\_\_  
\_\_\_ Welcoming Reception Registration \$250 \_\_\_\_\_  
\_\_\_ Welcoming Reception Registration \$195 (available with full registration from same company) \_\_\_\_\_  
\_\_\_ Spouse Friday Dinner \$250 (available with a full registration from same company) \_\_\_\_\_  
\_\_\_ Spouse Welcoming Reception/Friday Dinner \$350 (available with a full registration from same company) \_\_\_\_\_  
\_\_\_ Spouse Welcoming Reception/Friday Luncheon \$300 (available with a full registration from same company) \_\_\_\_\_  
\_\_\_ Press Full Registration \$300 \_\_\_\_\_  
\_\_\_ Late Registration Fee \$50 (Must be included for each full registrations received after Sept.4.) \_\_\_\_\_  
\_\_\_ Late Registration Fee \$25(Must be included for all other registrations received after Sept. 4.) \_\_\_\_\_

Payment for late registrations will only be accepted by credit card. Payment needs to be paid in U. S. Currency.

**Optional Activity: Friday, Boston City Duck Tour \$35.00**(Optional event subject to cancellation if minimum participation requirements are not met.)

\_\_\_ I will attend \_\_\_ I will not attend the Boston City Duck Tour \_\_\_\_\_

Names: \_\_\_\_\_

**TOTAL REGISTRATION AMOUNT=** \_\_\_\_\_

**Reservations: No fee for registrants but advance reservation is required.**

**Please check the events you will or will not be attending.**

\_\_\_ I will attend \_\_\_ I will not attend Thursday, October 9, 2008, Welcoming Reception.

Names: \_\_\_\_\_

\_\_\_ I will attend \_\_\_ I will not attend Friday, October 10, 2008, The Boston Tea Party Networking Luncheon

Names: \_\_\_\_\_ **Special Menu Requests:** \_\_\_\_\_

\_\_\_ I will attend \_\_\_ I will not attend Friday, October 10 2008, Harvard Faculty Club Dinner Reception

Names: \_\_\_\_\_ **Special Menu Requests:** \_\_\_\_\_

\_\_\_ I will attend \_\_\_ I will not attend Saturday, October 11 2008, Networking Breakfast

Names: \_\_\_\_\_

\_\_\_ I will attend \_\_\_ I will not attend Saturday, October 11, 2008, Prime Roundtable Discussion

Names: \_\_\_\_\_

\_\_\_ I will attend \_\_\_ I will not attend Saturday, October 11, 2008, Structural, Limited Service Used Roundtable Discussion

Names: \_\_\_\_\_

**REGISTRATION/CANCELLATION POLICY: ALL FEES MUST BE PAID IN ADVANCE BY CHECK OR CREDIT CARD. NO ON-SITE REGISTRATION.** Only individuals with paid registration may attend the conference. You will not be added to the attendee list until all outstanding fees are paid. The deadline for registration is Sept. 4, 2008. **After Sept. 4, 2008, a \$50 late fee must be added to all full registrations. \$25 must be added to one day registrations and single event fees. A cancellation fee of \$50 will be charged for all full cancellations and \$25 for single and one day cancellations received before Sept. 4, 2008. After Sept. 4, no refunds will be made. Payments for late registrations will only be accepted by credit card. No registrations will be processed without signature.**

**Payment Information:** \_\_\_ Check Enclosed **Credit Card:** MC \_\_\_; Visa \_\_\_ American Express \_\_\_

**CC#:** \_\_\_\_\_ **Cardholder Name:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Address where CC Statement is mailed:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ *(Signature is required regardless of payment type.)*