



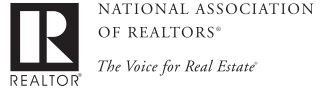
REGISTRATION & HOTEL REQUEST FORM

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

FAX: 1-888-772-1888 (US/CAN)
1-301-694-5124 (Outside US/CAN)

TEL: 1-800-650-6893 (US/CAN)
1-847-996-5876 (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: _____ Cell Phone: _____ I want to receive text messages of Conference updates on-site (regular voice and data fees may apply)

First Name: _____ Nickname: _____

Firm Name: _____ Fax: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip/Postal Code: _____ NRDS Member ID: _____

Country: _____ City/State for badge (if different): _____

Phone: _____ (International - include Country/City code)

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 require 10 or more rooms, contact EXPERIENT at 1-800-650-6893

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: _____

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 Accomodations: \$200
 Parlor + 1 Bedroom: \$400
 Parlor + 2 Bedrooms: \$600

HOTEL DEPOSIT: \$ _____ (U.S. Dollars Drawn on a U.S. Bank)
 See hotel page for important cancellation and deposit information)

Room Occupancy (check one) Room Type Bed Request (based on availability)

Single (one person) Standard Accomodations 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

MEMBER CATEGORY (Check one)

REALTOR®
 REALTOR-ASSOCIATE®
 REALTOR® Office Staff
 International Member
 MLS Executive
 State Board EO
 State Board Staff
 NON-MEMBER

BUSINESS FUNCTION (Check one)

Broker-Owner
 Broker
 Sales Office Manager
 Sales Agent
 IT Professional
 Other

PRIMARY AFFILIATION

NAR
 REBAC/SRES
 CRB
 RLI
 CRS
 WCR

MEMBER CATEGORY (Check if applicable)

National Director
 State President
 State President-Elect
 Board President
 Board President-Elect
 State Executive Officer
 Board Executive Officer

REAL ESTATE SPECIALTY

Appraisal
 Auction
 Commercial
 International
 Land
 Property Management
 Relocation
 Residential
 Resort
 Other

SECTION 5 - Conference Fees

	FULL CONFERENCE		ONE DAY PASS				EXPO ONLY PASS
	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

BEST VALUE!

Includes all non-ticketed Conference programs, Expo and Realtors® Celebrity Concert.

Includes all non-ticketed activities on that day plus unlimited Expo access during show hours on all four days.

Unlimited Expo access during official hours on all days.

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.