REGISTRATION FORM

25TH ANNUAL SYMPOSIUM ON ALCOHOL BEVERAGE LAW & REGULATION

CLICK HERE to register online

REGISTRANT NAME | BADGE NAME (if different from registrant name)

ORGANIZATION | TITLE (REQUIRED)

ADDRESS

CITY, STATE, ZIP

TELEPHONE | CELL PHONE

E-MAIL | FAX

EMERGENCY CONTACT | TELEPHONE

ITINERARY (This information is crucial for food functions guarantees. Thank you for your cooperation.)

ARRIVAL 03/_____ /18 _____ AM/PM | DEPARTURE 03/_____ /18 _____ AM/PM

☐ Lodging at Crystal Gateway Marriott | ☐ Lodging at other hotel or local resident

Other Requests (including diet restrictions & allergies):_____

CLE CREDIT REQUESTS (Please list the states along with Bar number.)

STATE:				
BAR #:				

REGISTRATION FEES (Includes attendance at the symposium, all meal functions and program materials.)

		LIVE WEBCAST	AFTER FEBRUARY 23rd	LIVE WEBCAST
Appointed Control State Representative	○ WAIVED	○ WAIVED	○ WAIVED	○ WAIVED
Member and Non-Member: State and Governmental Agencies	○ $295	○ $395	○ $345	○ $445
Member: Industry/Trade Association (Supplier, Broker, Association, Allied)	○ $595	○ $795	○ $645	○ $845
Non-Member: Industry/Trade Association (Supplier, Broker, Association, Allied)	○ $895	○ $1095	○ $945	○ $1145

PAYMENT INFORMATION

No registration will be processed without an accompanying check made payable to NABCA or authorization to bill your VISA, MasterCard or American Express. DO NOT SEND REGISTRATION FORM WITHOUT PAYMENT. Early registration ends on **Friday, February 23, 2018**.

NOTE: Due to Payment Card Industry (PCI) compliance guidelines all payments with credit card information must be submitted via secure fax to (703) 824-3377 or mail. NABCA no longer accepts emails that include credit card information.

I hereby authorize the National Alcohol Beverage Control Association to charge my credit card for the amount below. In the case of any issues or disputes concerning this transaction I will notify NABCA promptly to rectify the situation prior to notifying my credit card company.

PRINT CARDHOLDER'S NAME | AUTHORIZED SIGNATURE | DATE

Internal Use ONLY Auth#_____ CC#_____ Initial_____ Date_____

This portion of the form will be shredded immediately after processing.

☐ CHECK ENCLOSED (payable to NABCA) -or- ☐ MasterCard ☐ AMERICAN EXPRESS ☐ VISA

CREDIT CARD NUMBER | EXPIRATION DATE | AMOUNT $

SUBMIT THIS FORM TO:

NABCA Meetings Department • 4401 Ford Avenue, Suite 700, Alexandria, VA 22302
Tel: (703) 578-4200 • Secure Fax: (703) 824-3377 • Online: www.nabca.org