MEETING REGISTRATION FORM

TO REGISTER: Visit the NOIA website online at www.noia.org or complete and send this form with payment by September 23 to Ann Chapman, NOIA, 1120 G Street, N.W., Suite 900, Washington, D.C. 20005

• Phone: (202) 347-6900 • Fax: (202) 347-8650

Please make your hotel reservations directly with The Phoenician using the form enclosed with this mailing or online at http://www.starwoodmeeting.com/Book/NOIA. Reservations must be made by September 23.

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Please print or type					
NAME:BADGE NAME:					
COMPANY:			TI	TLE:	
ADDRESS:					
CITY/STATE/ZIP:					
PHONE: FAX:			E-MAIL:		
ARRIVAL DATE:			DEPARTURE DATE:		
SPOUSE NAME:			SPOUSE BADGE NAME:		
HOME ADDRESS:					
REGISTRATION	FEES				
The Fall Meeting registration fee is \$950.00 for members and \$895.00 for spouses. Please se a check or pay by credit card. MASTERCARD VISA AMERICAN EX			Oct 6 or "No Show"—no refund		
		LKES	3		
NAME AS IT APPEARS ON CARD: CREDIT CARD NUMBER: EXPIRATION DATE:					
			E/	FIRATION DATE:	
TOURNAMENTS Please indicate if you would like to play in either the golf or tennis tournament.					
	GOLF (\$375/PLAYER)	HANDICAP		TENNIS (\$175/PLAYER)	LEVEL OF PLAY*
REGISTRANT	☐ YES ☐ NO			☐ YES ☐ NO	
SPOUSE	☐ YES ☐ NO			☐ YES ☐ NO	
				* A = Advanced; I = Inte	rmediate; B = Beginne
SPOUSE PROGR	AM				
To participate in a spouse	e tour, please check the boxes be made by calling the NOIA				on fees. Reservations
Please indicate the tours	s you wish to take:				
	ROMATHERAPY—Thursda	t. 19	(no charge; re	servations required)	