



# ANNUAL MEETING REGISTRATION FORM

TO REGISTER, VISIT [WWW.NOIA.ORG](http://WWW.NOIA.ORG) OR COMPLETE AND SEND THIS FORM BY THURSDAY, APRIL 16TH TO ASHLEY PARKINS, [APARKINS@NOIA.ORG](mailto:APARKINS@NOIA.ORG) OR FAX IT TO (202) 347-8650.

NAME \_\_\_\_\_ BADGE NAME \_\_\_\_\_  
COMPANY \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTRY (IF OUTSIDE OF THE U.S.) \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
DO YOU HAVE ANY PHYSICAL OR DIETARY ISSUES? \_\_\_\_\_  
SPOUSE NAME \_\_\_\_\_ SPOUSE BADGE NAME \_\_\_\_\_  
ANY PHYSICAL OR DIETARY ISSUES? \_\_\_\_\_

**REGISTRATION FEES:**       NOIA MEMBER - \$1,350       SPOUSE - \$950

CHECK     MASTERCARD     VISA     AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
CARD SECURITY CODE: \_\_\_\_\_ ADDRESS FOR CARD IF DIFFERENT THAN ABOVE: \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

**PLEASE NOTE:** CANCELLATIONS PRIOR TO APRIL 10<sup>TH</sup> WILL RECEIVE A FULL REFUND. (CREDIT CARD CANCELLATIONS ARE SUBJECT TO A \$125 PROCESSING FEE.) SUBSTITUTIONS ARE ACCEPTED AT ANY TIME WITH WRITTEN REQUEST.