

NAHAD Thirty-third Annual Meeting & Convention

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JW Marriott Hill Country Resort • San Antonio, Texas • April 2 – 6, 2017

Please Check One: ☐ Distributor ☐ Manufacturer ☐ Associate
☐ Affiliate ☐ Manufacturer's Representative

Please check if first time attendee: ☐ Please check if Emerging Leader (40 or under) ☐

Please type or print information, as you would like it to appear on your Registration Badge and in the Official Convention Program. **Please submit one copy of this form, or a photocopy for each individual or family attending** NAHAD's Thirty-third Annual Meeting & Convention.

Payment must accompany your registration. To register by fax, sign this registration form, indicating your VISA, MasterCard, Discover or American Express number and the expiration date. Or, mail a copy of the completed form with your check to: NAHAD, 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300. Delegate registration forms received by February 3, 2017 will be included in the official convention program, and will qualify for the \$675 early registration fee. For Distributor delegates - from each Distributor Company registering before February 3, 2017, pay just \$595 for your company's third and any subsequent attendee – a savings of \$80 per additional registration. The \$725 regular registration fee will apply to delegate registrations received between February 3 and March 3, 2017. Delegate registrations received after March 3, 2017 will pay the \$795 Late delegate registration fee.

Delegate Name _____ Badge Nickname _____

Title _____

Company Name _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email _____

Phone _____ Fax _____

Do you have any physical conditions requiring special needs? ☐ Yes ☐ No

If yes, please specify _____

Do you have any dietary restrictions? ☐ Yes ☐ No

If yes, please list _____

NAHAD Partner (Value Partners/Press/HSI Council) Name: _____

(Please Complete Contact Information Above)

Spouse/Companion Name (if attending) _____

Badge Nickname _____

Child Name #1 _____ Age _____ Badge Name _____

Child Name #2 _____ Age _____ Badge Name _____

Child Name #3 _____ Age _____ Badge Name _____

Home Address (spouse/companion correspondence will be mailed to the home)

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email _____

Do you have any physical conditions requiring special needs? ☐ Yes ☐ No

If yes, please specify what and who. _____

Do you have any dietary restrictions? ☐ Yes ☐ No

If yes, please specify what and who. _____

Meeting Registration

Registration and Cancellation Policies

In order to obtain a refund for convention registration fees or golf, written notice of cancellation is required, to be received at the NAHAD office, by the dates noted below:

By February 3, 2017 –
for Full Refund

By March 3, 2017 –
for 50% Refund

After March 3, 2017 –
No Refund

Tour Cancellation Policy

All tours are subject to cancellation if minimum enrollments are not met. Registrants will receive notification, if possible, and full refund if tour is cancelled by NAHAD. Refunds will be issued by May 15, 2017.

If a member wishes to cancel a tour registration, written notification must be received by the NAHAD office no later than February 3, 2017. No tour refunds will be issued for cancellation requests received after March 3, 2017.

Mail all Meeting Registrations and payment (not Hotel reservations) to:

NAHAD

105 Eastern Avenue
Suite 104
Annapolis, MD
21403-3300.

Make all checks payable to NAHAD.

Register online at
www.nahad.org



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Delegate Name	Cost	Delegate	Spouse	Child 1	Child 2	Child 3
Delegate Early Registration Fee <i>(If paid by February 3, 2017)</i>	\$675		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Distributor and are you the third or subsequent attendee from your company? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Third Distributor Delegate Fee <i>(If paid by February 3, 2017)</i>	\$595		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate Regular Registration Fee <i>(If paid between February 3 and March 3, 2017)</i>	\$725		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate Late-Fax-In Registration Fee <i>(If paid after March 3, 2017)</i>	\$795		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Companion Registration Fee	\$395	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAHAD Partners Registration Fee	\$450		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Tournament <i>Tuesday April 4</i>	\$235			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate: Golf Club Rental <i>Indicate <input type="checkbox"/> Left or <input type="checkbox"/> Right Rental Clubs</i> Indicate Handicap/Avg. Score _____ / _____ I'd like to play with _____	\$86		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Companion: Golf Club Rental <i>Indicate <input type="checkbox"/> Left or <input type="checkbox"/> Right Rental Clubs</i> Indicate Handicap/Avg. Score _____ / _____ I'd like to play with _____	\$86	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerging Leaders' Lunch <i>Sunday, April 2 • 12:30 pm – 1:45 pm</i>	N/C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World Heritage Mission Tour <i>Sunday, April 2 • 8:30 am – 12:30 pm</i>	\$50					
Explore Texas and the Great Outdoors <i>Sunday, April 2 • 9:00 am – 12:00 pm</i>	\$45					
UID in a Day Morning <i>Monday, April 3 • 9:00 am – 11:30 am</i> Indicate One <input type="checkbox"/> Pancero <input type="checkbox"/> Ziesenis <input type="checkbox"/> Combs	N/C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UID in a Day Afternoon <i>Sunday, April 3 • 2:30 pm – 5:00 pm</i> Indicate One <input type="checkbox"/> Pancero <input type="checkbox"/> Ziesenis <input type="checkbox"/> Combs	N/C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19th Annual Fun Run/Walk <i>Monday, April 3 • 7:00 am – 7:30 am</i>	\$20					
Spouse Line Dancing & Margaritas <i>Monday, April 3 • 2:30 pm – 4:30 pm</i>	N/C	<input type="checkbox"/>				
Spouse Yoga Morning <i>Tuesday, April 4 • 9:00 am – 10:00 am</i>	\$18	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport to Flavors Tour <i>Tuesday April 4 • 11:30 am – 4:00 pm</i>	\$168					
The Immersive Alamo Tour <i>Tuesday, April 4 • 12:00 pm – 4:15 pm</i>	\$115					
Caverns & Cabernet Tour <i>Tuesday, April 4 • 12:00 pm – 4:15 pm</i>	\$130			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women in NAHAD Breakfast <i>Tuesday, April 4 • 8:30 am – 9:30 am</i>	N/C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouses Enjoy Cooking with Blanca & Lunch <i>Wednesday, April 5 • 10:30 am – 2:15 pm</i>	\$124	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception & Dinner at Knibbe Ranch <i>Wednesday, April 5 • 5:00 pm – 9:30 pm</i>	N/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children Join Parents at Knibbe Ranch <i>Wednesday, April 5 • 5:00 pm – 9:30 pm</i>	\$60	<input type="checkbox"/>	<input type="checkbox"/>			
Company Meetings <i>(see schedule online for sign-up) # @ \$250 each session</i>	\$250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Fees Due for Each Attendee:		\$	\$	\$	\$	\$

Payment Options

GRAND TOTAL DUE:

Enclosed is my check for \$ _____

Please make checks payable in U.S. dollars, to **NAHAD**, and mail to: **NAHAD**, 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300

Credit Card Account #: _____ Exp. Date _____ Verification Code _____

Name on Card *(please type or print)* _____ Card Signature _____

Credit Card Billing Address *(if different from delegate address)*: _____



Telephone Inquiries (800) 624-2227 • To Register by Fax (410) 263-1659 • Register online at www.nahad.org