




Register Online at [www.nagc.org](http://www.nagc.org)


# 2011 Parent Day Registration

Preregister through 10/24/11, or come to the New Orleans Riverside Hilton to register onsite on 11/5/11

## 3 Ways to Pre-Register through October 24

 **Online**  
[www.nagc.org](http://www.nagc.org)

 **Fax**  
202.785.4248

 **Mail** (note: new NAGC address!)  
1331 H Street, NW Suite 1001  
Washington, DC 20005

## Registrant Information

NAGC Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address [home or work] \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail (primary) \_\_\_\_\_ home or work (secondary) \_\_\_\_\_ home or work

### For Your Convention Name Badge (if you are not affiliated with a company or school, include your home city, state)

First Name or Nickname as it should appear on your badge \_\_\_\_\_

Company/School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Second Adult Family Member

First Name or Nickname as it should appear on your badge \_\_\_\_\_

Company/School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Do you require any special accommodations to participate (wheelchair, dietary restrictions, etc.?)  YES  NO

Explain \_\_\_\_\_

Do you wish to be excluded from exhibitor mailings (we never share phone or email information)?  YES  NO

Do you wish to find out more about childcare (ages 0-12) provided during Convention events?  YES  NO

## Parent Day Registration (Saturday, November 5)

**Member**  \$75

**Nonmember**  \$110 (includes one year NAGC Parent Associate Membership)

**Second Adult Family Member**  \$40 (does not include Crescent City Celebration)

**Crescent City Celebration Ticket**  \$25 (18 years of age and over)

## PAYMENT

**Total Due in U.S. Funds \$ \_\_\_\_\_**

*All Registration Forms must include payment*

Payment Method:  Check Made payable to NAGC  
Check No. \_\_\_\_\_  Mastercard  Visa  AMEX  Discover  
 Purchase Order # \_\_\_\_\_ (Attach original with form)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp \_\_\_\_\_ Card Verification # \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

Signature \_\_\_\_\_