



AGENCY MANAGEMENT INSTITUTE

REGISTRATION FORM

To register online using your credit card, visit www.NAILBA.org

MAY 13-14, 2010

CONTACT INFORMATION (Please type or print clearly)

Name: _____ Mr. Mrs. Ms.
Badge Name: _____
Agency/Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

AMI REGISTRATION FEES

PLEASE CHECK ONE:

Table with 3 columns: REGISTRATION CATEGORY, EARLY (BY 4/16/10), REGULAR (AFTER 4/16/10). Rows include NAILBA MEMBER AGENCY PRINCIPAL/STAFF, SPONSOR, and TOTAL AMOUNT DUE.

PAYMENT METHOD

IF PAYING BY CHECK:

MAIL TO: NAILBA AMI • P.O. Box 79968 • Baltimore, MD 21279-0968

Check enclosed (payable to NAILBA) Amount Paid: \$ _____

IF PAYING BY CREDIT CARD:

FAX TO: 703-383-6942

MAIL TO: NAILBA AMI • 11325 Random Hills Rd., Ste 110 • Fairfax, VA 22030

REGISTER ONLINE: www.NAILBA.org

Visa MasterCard American Express

Credit card number: _____

CVC (3-4 digits on card) _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

CANCELLATION POLICY:

A \$100 fee will be charged for any cancellation received on or before May 10, 2010. No refunds will be granted after May 10, 2010. All registrations, changes and cancellations must be received in writing.

