



Representatives and Guests Registration Form
 National Electrical Manufacturers Representatives Association
 39th Annual Conference • March 18-21, 2009
 Orlando World Center Marriott • Orlando, FL

NEMRA Member CEMRA Member Guest Date _____

| | | | |
|--------------|----------------|------------------------|---------|
| Company Name | | Contact Name | |
| Phone | Fax | Contact E-mail Address | |
| Address | | | |
| City | State/Province | Zip | Country |

| Registration Fees | Before 2/20/2009 | No. of Attendees | Subtotal |
|--------------------------------|------------------|------------------|----------|
| First Registrant | \$495 x | _____ = | _____ |
| 2nd - 4th Registrants | \$425 x | _____ = | _____ |
| 5th and Additional Registrants | \$250 x | _____ = | _____ |
| Spouse Registrant | \$65 x | _____ = | _____ |
| Spouse Program and Tour | \$165 x | _____ = | _____ |
| Off-Site Surcharge* | \$270 x | _____ = | _____ |
| Total | | _____ = | _____ |

Return This Form With Payment to:

NEMRA
 660 White Plains Road, Suite 600
 Tarrytown, NY 10591-5104
 1-800-HI-NEMRA
 1-914-524-8650
 Fax: 1-914-524-8655
 E-mail: nemra@nemra.org
www.nemra.org

Payment Method

Enclosed Check Visa MasterCard AmEx Card #: _____ Exp. Date: _____

Cardmember Name: _____ Signature: _____

All persons (including spouses) attending the NEMRA Conference and participating in **any** of its activities must be registered. Representative registration is open only to members of NEMRA and CEMRA. Admission is **by badge only**. Registrations received after February 20, 2009, will be subject to a penalty of \$150 per registrant.

*The Off-Site Surcharge is applicable to any registrant who chooses lodging at a location off-site from the designated conference hotel. This charge covers the common room and function charges that would otherwise be paid through on-site lodging contract benefits. It is not applicable to local chapter members, or in the event that the conference hotel is in a proven oversold condition.

All fees must accompany the registration form for processing and must be paid in full prior to the conference date.
Cancellation Policy: *Seventy-five percent of the registration fee will be refunded if notice of cancellation is received by NEMRA Headquarters prior to February 20, 2009. No refunds will be given after this date.*

Conference Registration

Please Print or Type

| | | | |
|--|--|---|----------------------------------|
| X. | Last Name Sample | First Joseph | Nickname For Badge Joe |
| | E-mail Address joe@company.com | City, State/Province for Badge (if different from company address) Anytown, State | |
| 1. | Last Name | First | Nickname For Badge |
| | E-mail Address | City, State/Province for Badge (if different from company address) | |
| <i>I will be attending An Evening With NEMRA on Thursday, March 19, 6:30 p.m. - 7:45 p.m. Yes No (circle one)</i> <i>I will be attending the NMG Forum on Friday, March 20, 8:00 a.m. - 9:30 a.m. Yes No (circle one)</i> | | | |
| 1a. | Spouse's Last Name | First | Nickname For Badge |
| | E-mail Address (optional) | Spouse Program Yes No (circle one) | |

Representative Conference Registration 2009

Company Name: _____

| | | | |
|--|--------------------|--|--------------------|
| 2. | Last Name | First | Nickname For Badge |
| E-mail Address | | City, State/Province for Badge (if different from company address) | |
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| 2a. | Spouse's Last Name | First | Nickname For Badge |
| E-mail Address (optional) | | Spouse Program Yes No (circle one) | |
| 3. | Last Name | First | Nickname For Badge |
| E-mail Address | | City, State/Province for Badge (if different from company address) | |
| <i>I will be attending An Evening With NEMRA on Thursday, March 19, 6:30 p.m. - 7:45 p.m. Yes No (circle one)</i> <i>I will be attending the NMG Forum on Friday, March 20, 8:00 a.m. - 9:30 a.m. Yes No (circle one)</i> | | | |
| 3a. | Spouse's Last Name | First | Nickname For Badge |
| E-mail Address (optional) | | Spouse Program Yes No (circle one) | |
| 4. | Last Name | First | Nickname For Badge |
| E-mail Address | | City, State/Province for Badge (if different from company address) | |
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| 4a. | Spouse's Last Name | First | Nickname For Badge |
| E-mail Address (optional) | | Spouse Program Yes No (circle one) | |
| 5. | Last Name | First | Nickname For Badge |
| E-mail Address | | City, State/Province for Badge (if different from company address) | |
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| 5a. | Spouse's Last Name | First | Nickname For Badge |
| E-mail Address (optional) | | Spouse Program Yes No (circle one) | |



(List additional registrants on separate sheet)

For more information, contact:

National Electrical Manufacturers Representatives Association
 660 White Plains Road, Suite 600 • Tarrytown, NY 10591-5104

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