

# BOOTH STAFF REGISTRATION

*Deadline to Register - October 15*



This form is to be used for Booth Staff ONLY registration. Attendees registered as booth staff cannot attend any conference sessions or workshops, but have full access to the Anti-Fraud Expo Hall. For details on registration policies please visit [www.nhcaa.org/atc](http://www.nhcaa.org/atc).

## BOOTH STAFF REGISTRATION INFORMATION

Each registrant must complete a separate form. This form may be duplicated. This form may be completed electronically with Acrobat Reader.

Mr.  Ms.  Mrs.  Dr. Nickname \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Degree  MD  DO  PHD  RN  JD Designation(S) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (Required) \_\_\_\_\_

## BOOTH STAFF REGISTRATION PAYMENT

**\$0**

Each booth is entitled to two (2) free booth staff. Any additional staff will require paid registration.

**\$100**

Member and Non-Member Booth Registration Fee

Check (Enclosed) Credit Card:  Amex  Discover  MC  Visa  Purchase Order: \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_ Security Code \_\_\_\_\_

Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_