

Category Management Seminar | December 3-4, 2008 Charleston, SC



Please use one form per person. Copy this form for additional registrants as needed.

Registration Deadline: November 19, 2008

ATTENDEE INFORMATION – Please print name and address exactly as you wish them to appear on your badge and attendee roster.

Mr. Mrs. Ms. First Name _____ Nickname for Badge _____ Last Name _____ Suffix _____

Title _____ Registrant's Company _____

Registrant's Mailing Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Phone _____ Fax _____ E-Mail _____

I am a (check one):

- Retailer/Petroleum Marketer–owner/operator of convenience store(s) and/or markets petroleum products to convenience stores
- Supplier - supplies products or services to convenience stores
- Other _____



Please contact NACS Meetings Staff at (703) 684-3600

ATTENDEE REGISTRATION

NACS Member Price \$695
Regular Price \$895
Cancellation Policy: Registration cancellations must be sent in writing and faxed to NACS at (703) 684-1610 or emailed to aburke@nacsonline.com. All cancellations received on or before November 14, 2008 will be assessed a \$25 administrative fee. After November 14 the full amount of the registration fee will be forfeited. Transfer of registration to another person within your company can be done at anytime without penalty.

HOTEL INFORMATION

Room reservations should be made by contacting the Charleston Harbor Resort & Marina directly at (888) 856-0028. Reference "NACS" to obtain the group rate of \$109 Single/Double plus 11.5% tax per room per night. Reservations must be made before November 19, 2008 to get this special rate.

REMITTANCE

MAIL FORM WITH PAYMENT TO:
NACS
PO Box 34770
Alexandria, VA 22334-0770
OR FAX FORM TO:
(703) 684-1610
Credit Card Payments Only

PAYMENT INFORMATION

Please Note: Registrations WILL NOT be processed without payment.

TOTAL DUE NACS \$ _____

Check payable to NACS (US funds drawn on US bank) Visa MasterCard American Express

Credit Card # _____

Cardholder Name _____

Expiration Date _____ Signature _____

The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetical errors as well as all per event costs, based on the events chosen and your company's current membership status with the National Association of Convenience Stores (NACS). Moreover, the signatory specifically authorizes NACS to charge any such amounts to the credit card referenced on this form.

Questions? Please call Amy Burke at (703) 518-4239 or by email at aburke@nacsonline.com.

NACS USE ONLY
DATE REC. _____
CH. # _____
AMOUNT \$ _____
AUTH # _____
REF # _____