



NACS International Forum
 Global Supplier Council Member - Registration Form
 October 20, 2009 * Las Vegas, Nevada, USA

Deadline to Register - October 9, 2009

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 _____ Email _____

Is this your permanent contact information? Yes No If yes, this information will be updated in our database and used for all NACS mailings and events.

I am a: Global Supplier Council Member *Limit 2 complimentary registrations per Global Supplier Council Member company.*
 Global Supplier Council Member - Additional Attendee Price \$195
(Please copy this form as needed for additional attendees.)

NACS INTERNATIONAL FORUM

Yes, please sign me up to participate in the NACS International Forum!
 Fee includes programming, materials and scheduled meals. Fee does **NOT** include hotel accommodations, incidentals and air travel expenses.
 Yes No Will you attend the reception and strolling dinner on Monday, October 19?

Please note: You must register separately to attend the NACS Show. Please go to www.nacsshow.com to register. Thank you!

SPOUSE REGISTRATION

Mr. Mrs. Ms. First Name _____ Nickname for Badge _____ Last Name _____
 Yes, please sign me up to participate in the NACS International Forum!
 Fee includes programming, materials and scheduled meals. Fee does **NOT** include hotel accommodations, incidentals and air travel expenses.
 NACS Member Price \$195
 Yes No Will you attend the reception and strolling dinner on Monday, October 19?

Please Note: Spouses may attend the reception and strolling dinner free of charge without registering for the meeting.

Yes, my spouse will attend the dinner only. (Please remember to list spouse name above.)



Please check here and a NACS representative will contact you.

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 _____

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

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.

Cancellation Policy: In the event you must cancel your registration, you must inform NACS in writing. Cancellations can be faxed to 703-684-1610 or sent by email to aburke@nacsonline.com. All cancellations received on or before September 18, 2009 will be assessed a \$25 cancellation fee. After September 18, 2009 the full amount of the registration fee will be forfeited. Transfer of registration to another person within your company can be done at any time without penalty.

For questions please contact Carolyn Schnare at cschnare@nacsonline.com or 703-518-4248. An email will be sent to you confirming all of the above.