NAEPC Advanced Estate Planning Strategies Conference **EXHIBITOR ADDITIONAL ATTENDEE FORM**



Your exhibit booth provides 2 complimentary attendees for the program. These individuals have full access to the conference can be used to staff your exhibit booth and/or attend the sessions.

Additional attendees can be registered for a fee of \$300 and will be given exhibit hall access. Please duplicate this form as necessary or attach a separate page with additional names.

ADDITIONAL ATTENDEE REGISTRATION FORM

Please provide attendee with the NAEPC Event Conduct Statement found at www.NAEPC.org/content/conduct prior to submitting this registration.

Company Name		
Full Name:		
Professional Designation	ations:	
Address:		
City, State, Zip:		
Phone:	Email:	
	te Planning Council Membership (if any):	
Will this attende	ee participate in the opening reception on Tuesday, November 6 th ? ee participate in the reception on Wednesday, November 7 th ?	Yes / No Yes / No
Payment Information	on	
Bill credit card number Exp. Date		
Amount \$300.00	Name as it appears on card	
Signature		
Fax to: 216-696-258	32	
	or	
\$encl	osed, check payable to "NAEPC"	
Mail to: 1120 Chesto	er Ave., Ste. 470, Cleveland, OH 44114	