



GROUP REGISTRATION FORM

Name: _____

Title: _____ Company: _____

Address: _____

Email: _____ Phone: _____

NAPA Firm Partner Affiliation: _____ Check: _____ Credit Card: _____

Card Number: _____ Exp: _____

Signature: _____

Please list all individuals below whom you would like to include in a group registration.
Forms should be submitted to accountsreceivable@usaretirement.org or faxed to 703.516.9308

To pay by check, mail this completed form and payment to NAPA, P.O. Box 34725, Alexandria, VA 22334.
Payments by check must be received by **March 22, 2024**, to ensure adequate processing time.

REGISTRATION RATES

EARLY BIRD
Valid Until 1/31/24

REGULAR
Valid Until 3/25/24

ON-SITE
Valid After 3/25/24

	EARLY BIRD <i>Valid Until 1/31/24</i>	REGULAR <i>Valid Until 3/25/24</i>	ON-SITE <i>Valid After 3/25/24</i>
NAPA Member, Advisor	\$800	\$900	\$1,000
NAPA Member, Non-Advisor	\$950	\$1,050	\$1,150
Non-Member, Advisor	\$1,300	\$1,400	\$1,500
Non-Member, Non-Advisor	\$6,250	\$6,350	\$6,450

GROUP REGISTRATION

Name: _____ CRD# (if applicable): _____

Title: _____ Company: _____

Email: _____ Advisor: Yes No

Name: _____ CRD# (if applicable): _____

Title: _____ Company: _____

Email: _____ Advisor: Yes No

GROUP REGISTRATION *(continued)*

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No

Name: CRD# *(if applicable)*:
Title: Company:
Email: Advisor: Yes No