2007 NAA EDUCATION CONFERENCE & EXPOSITION
ATTENDEE REGISTRATION FORM

THIS FORM IS FOR ONE REGISTRANT AND SPOUSE. PLEASE USE A SEPARATE FORM FOR EACH ADDITIONAL REGISTRANT. FORMS WILL NOT BE PROCESSED WITHOUT PAYMENT. COMPLETE PARTS 1-4.
PLEASE PRINT.

PART 1

❍ MR. ❍ MS. ❍ MRS. ❍ MISS

FIRST NAME _____ MI _____

LAST NAME _____

NICKNAME (FOR BADGE) _____

DESIGNATION _____

TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

❍ Check here if you are a member of your local apartment association.

LOCAL APARTMENT ASSOCIATION NAME _____

❍ Would you prefer your speaker handouts: (Check all that apply)
❍ PRINTED BOOK ❍ WEB ❍ CD-ROM

❍ Check here if this is your first NAA Conference.

❍ Check here if you require special accommodations to fully participate. Please attach a written description of your needs.

PRIMARY BUSINESS

❍ (A) Apartment Owner
❍ (B) Apartment Management
❍ (C) Apartment Development
❍ (D) Asset Management
❍ (E) Association Staff
❍ (F) Real Estate Investment Trusts (REITs)
❍ (G) Leasing Company
❍ (H) Architect/Engineering
❍ (I) Government Housing Agency
❍ (J) Supplier
❍ (K) Other _____

PRIMARY JOB TITLE/FUNCTION

❍ (A) Owner/President/Principal
❍ (B) Vice President/Mgmt. Exec.
❍ (C) Property Manager (on-site)
❍ (D) Regional Supervisor/Mgr. (multi-site)
❍ (E) Maintenance Professional
❍ (F) Leasing Consultant/Director
❍ (G) Other _____

SPOUSE ATTENDEE INFORMATION

FIRST NAME _____ LAST NAME _____

NICKNAME (FOR BADGE) _____

CANCELLATION POLICY

All cancellation requests must be submitted in writing and mailed or faxed to: Meetings Dept., National Apartment Association 4300 Wilson Boulevard, Suite 400, Arlington, VA 22203 • 703/248-9440 (fax).

DEADLINES FOR CANCELLATIONS & REFUNDS

April 27, 2007	100% Refund*
June 1, 2007	50% Refund*
After June 1, 2007	No Cancellations Accepted/No Refunds Given

*All cancellations subject to a $50 administration fee.
Telephone substitutions and cancellations will not be accepted. Substitutions will be permitted only with written authorization from original registrant. No refunds will be issued for no shows or unused tickets. Refunds for cancellations will be processed after the conference. No refunds will be processed after July 27, 2007. Please contact the hotel directly for room cancellations.

PART 2

FULL REGISTRATIONS

~~BEFORE APRIL 7~~ extended until April 23rd!!

❍ (ME) Member*	$575	$ _____
❍ (SG) Spouse	$450	$ _____
❍ (NM) Nonmember	$825	$ _____
❍ (AS) Association Staff	$425	$ _____
❍ (EF) Exhibitor	$425	$ _____

*TO QUALIFY FOR THE MEMBER RATE, REGISTRANTS MUST BE DIRECT NAA MEMBERS OR BELONG THROUGH NAA LOCAL AFFILIATES.

TOTAL FULL REGISTRATIONS $ _____

ONE DAY REGISTRATIONS

	EACH	QUANTITY	TOTAL
❍ (TS) Trade Show Only (SPECIFY DAY) ❍ THURSDAY ❍ FRIDAY ❍ SATURDAY	$75	_____	$ _____
❍ (MO) *One-Day Conference/Member (SPECIFY DAY) ❍ THURSDAY ❍ FRIDAY ❍ SATURDAY	$300	_____	$ _____
❍ (NO) *One-Day Conference/Nonmember (SPECIFY DAY) ❍ THURSDAY ❍ FRIDAY ❍ SATURDAY	$300	_____	$ _____

TOTAL ONE-DAY REGISTRATIONS $ _____

FULL REGISTRATIONS INCLUDE**:

- ALL NAA EDUCATION SESSIONS
- GENERAL SESSIONS THURSDAY AND FRIDAY
- TRADE SHOW FLOOR ACCESS (THURSDAY - SATURDAY)
- THURSDAY BOX LUNCH
- THURSDAY NIGHT NSC SPONSORED OPENING PARTY TICKET
- FRIDAY EDUCATION SESSION BAG LUNCH
- SATURDAY LUNCH ON THE TRADE SHOW FLOOR
- SATURDAY NIGHT PARAGON AWARDS CEREMONY
- SATURDAY NIGHT CLOSING GALA TICKET

**NONEXHIBITING SUPPLIERS ARE NOT PERMITTED ON THE TRADE SHOW FLOOR. IF YOU WOULD LIKE TO PARTICIPATE IN THE TRADE SHOW, PLEASE COMPLETE AN EXHIBITOR CONTRACT. CALL 703/518-6141, EXT. 125, FOR MORE INFORMATION OR VISIT WWW.NAAEXPO.ORG. NO CHILDREN UNDER 18 ARE PERMITTED AT NAA EVENTS.

GROUP DISCOUNTS Save up to 25%.
Call 703/518 6141, Ext.130 for more information.

PART 3

EXTRA TICKETS

	EACH	QUANTITY	TOTAL
❍ (101) Opening Party	$100	_____	$ _____
❍ (201) NAA Property Tour (SEPARATE TICKET REQUIRED)	$55	_____	$ _____
❍ (301) Closing Gala	$125	_____	$ _____

TOTAL EXTRA TICKETS $ _____

PART 4

PAYMENT INFORMATION

❍ CHECK ENCLOSED ❍ VISA ❍ MASTERCARD ❍ AMERICAN EXPRESS

SIGNATURE _____

CARDHOLDER'S NAME _____

CARD NUMBER _____ EXP. DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW TO REGISTER

COMPLETE THE REGISTRATION FORM AND SEND WITH PAYMENT TO:

ON-LINE: Visit **www.naahq.org/educonf**
BY MAIL: 2007 NAA Education Conference & Exposition
P.O. Box 3867, Frederick, MD 21705-3867
BY FAX: 301/694-5124 Attn: 2007 NAA Education Conference & Exposition

All faxed registration forms MUST include credit card authorization. Incomplete forms and those without payment cannot be processed. To avoid a duplicate charge, please only send one copy. After June 1, 2007, please register on-site.