

2021 NASMD SUMMER CONVENTION REGISTRATION FORM (or register online at www.nasmd.com)

COMPANY NAME: _____ CONVENTION CONTACT PERSON _____

FAX: _____ EMAIL: _____

YOU MUST BE REGISTERED FOR THE CONVENTION TO PARTICIPATE IN ANY CONVENTION EVENTS

Copy this form if space for more names is needed.

IMPORTANT! Please check “Yes” or “No” box to indicate whether each registrant plans to attend the Opening Reception on Monday evening July 12th, 6:30-9 PM, included with your registration, but this helps us with an accurate advance head count for food and beverage orders.

Check “yes” to let us know if you’re interested in a Wednesday afternoon tour of KHS’s facility (transportation provided) and/or going out on-your-own Wednesday night to The Pinewood Social with your NASMD friends for bowling, bocce ball and some pre-NAMM fun!

Deadline to cancel for a refund is June 28, 2021, less a \$20 processing fee per person.

| | Badge Name(s) PLEASE PRINT OR TYPE | Individual email address | Register by June 28 th to receive souvenir badge | The Pinewood Social Wed evening on-your- own with NASMD friends? | Wed afternoon tour of KHS's facility (transportation included) | First Conv? | Attending Reception Monday evening July 12 th ? | TOTAL |
|-----|---------------------------------------|--------------------------|--|---|--|------------------------------|---|-------|
| 1. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 2. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 3. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 4. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 5. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 6. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 7. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 8. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 9. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| 10. | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |

SPECIAL DIET? Please check and list individual’s name and needs on the back of this form, or a second page if faxing.

TOTAL DUE \$ _____

METHOD OF PAYMENT: Check (U.S. funds) enclosed. Check # _____ MasterCard Visa AmEx

Card # _____ Exp. Date _____ CVV Code _____

Signature _____ Print Name: _____

Return with payment to: NASMD, 14070 Proton Rd. Suite 100, Dallas, TX 75244, Fax 972/490-4219 (must include credit card number)