

Registration Request

Monday, November 6th

Morning – 1st Session - (8:00-9:45)
Topic 1 only topic available

1st Choice

Yes _____

2nd Choice

No _____

Morning – 2nd Session – (10:00-11:45)
Choices are Topics 2, 3, 4, 5

Topic No. _____

Topic No. _____

Afternoon – 1st Session - (1:30-3:15)
Choices are Topics 5, 6, 7, 8

Topic No. _____

Topic No. _____

Afternoon – 2nd Session – (3:30-5:15)
Choices are Topics 9, 10, 11, 12

Topic No. _____

Topic No. _____

Monday Luncheon

Yes _____

No _____

6:00 p.m. Evening Reception

Yes _____

No _____

Tuesday, November 7th

Morning – 1st Session - (8:15-10:00)
Topic 13 only topic available

Yes _____

No _____

Morning – 2nd Session – (10:15-noon)
Choices are Topics 14, 15, 16, 17

Topic No. _____

Topic No. _____

Afternoon – 1st Session - (1:15-3:00)
Choices are Topics 16, 17, 18

Topic No. _____

Topic No. _____

Tuesday Luncheon

Yes _____

No _____

Space considerations may limit our ability to satisfy your preference.

Name _____ E-Mail _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ NSPII Member: Yes _____ No _____

MONDAY

- _____ NSPII Insurer Member - \$195
- _____ **NSPII Insurer Member (5 or more) - \$150***
- _____ NSPII Member or Non-Member Insurer - \$245
- _____ **Non-Member Insurer (5 or more) - \$200***
- _____ Non-Insurer, Non-Member - \$285

TUESDAY

- _____ NSPII Insurer Member - \$195
- _____ **NSPII Insurer Member (5 or more) - \$150***
- _____ NSPII Member or Non-Member Insurer - \$245
- _____ **Non-Member Insurer (5 or more) - \$200***
- _____ Non-Insurer, Non-Member - \$285

***All registrations must be submitted together.**

NOTE: ALL REGISTRATIONS MAILED OR RECEIVED AFTER 10/12/17 MUST ADD \$25.00 PER SEMINAR DAY TO REGISTRATION FEE.

TOTAL ENCLOSED OR ON CREDIT CARD \$ _____ (CC registrations can be e-mailed to nspii@nspii.com or faxed to **740-369-7155**)

Cardholder Name _____

Account Number _____

Expiration Date _____ Card Type (Visa/MC only) _____

Cardholder's Billing Address w/Zip Code _____

CVV/CVC (3 digit # on back of card) _____ Signature _____