



**2017 NRHSA Table-Top Expo**  
**May 7 - May 10, 2017**  
**Registration Form**  
*(Register Online: [www.nrhsa.org](http://www.nrhsa.org))*

**The Orleans Hotel**  
 (Sunday-Thursday) Room Rate: \$44  
 (Friday-Saturday) \$94  
 Room rates are + \$12.99 Resort Fee + 13% tax  
 Call: 800-675-3267 or 702-365-7111  
 Mention the NRHSA code: A7RHC05 to  
 receive the discounted rate by April 4th.

**Company Information**

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

**REGISTRATION FEES: Member Registration Fee: \$49.00 per person      Nonmember Registration Fee: \$99.00 per person**

**DEADLINE TO REGISTER**      Online Registration is available and open until April 7, 2017  
 If using this form, please return it by April 7, 2017  
 After April 7<sup>th</sup> you will need to register onsite.      **DEADLINE TO REGISTER**

**Registrants – Please list names of all people attending the Table Top Expo below. For additional registrants, please copy this registration form.**

**Place an “X” next to each person attending the activities listed. PLEASE NOTE: Marking an “X” in “Bus to Boat Pond” is ONLY if you need NRHSA to provide your transportation. If you are planning to get to the event on your own, DO NOT mark an “X” next to the name.**

<u>Name</u> <small>(PLEASE PRINT)</small>	<u>Email Address</u> <small>We ask that each registrant have their own email address.</small>	<u>Registration Fee</u> <small>See Above</small>	<u>Sunday Education Sessions</u> <small>Free</small>	<u>Sunday Welcome Reception</u> <small>Free</small>	<u>Monday Education Sessions</u> <small>Free</small>	<u>Industry Luncheon</u> <small>Free - but you must register</small>	<u>Tuesday Pool Party</u> <small>Free</small>	<u>Bus to Boat Pond</u> <small>Free</small>

**Payment** **Total Registration Fees \$** \_\_\_\_\_

Check payable to NRHSA is enclosed     **Charge my Visa, Mastercard or American Express in the amount of \$** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this form by Friday, April 7th to: NRHSA, 214 N. Hale St., Wheaton, IL 60187**  
**Tel: (630) 510-4596, Fax: (630) 510-4501 [www.nrhsa.org](http://www.nrhsa.org)**