

## 2022 NFDA Annual Meeting and ESPS®

June 21 - 23, 2022 | Embassy Suites, Minneapolis, MN

| Company na   | wistontian Face                        | Daid by May 27                          | Affar May 27 |
|--|--|---|--------------|
| City   | egistration Fees PS Host (Per Company) | <b>Paid by May 27</b> \$2               | After May 27 |
| ·   L  | rst Person From Your Company           | \$745                                   | \$895        |
| From Courts of   | dditional People From Your Company     | \$395                                   | \$545        |
| Sp.  | oouse/Guest *                          | \$295                                   | \$345        |
| Fmail -  | Does not include ESPS appointments or  | meeting materials.                      | ·            |
| ESPS Host - \$250 Fee (Limited to NFDA Members Only)   |  | \$_                                     |              |
| Attendee Information   | Registration Type - Check One          |   |              |
| Name   | (Enter appropriate fee from above)     |   |              |
| Email  | First Person                           |   |              |
| Job Title  | Additional Person                      |   |              |
| Special Diet First NFDA Event  | Spouse/Guest                           |   |              |
| Attendee Information   | Registration Type - Check One          | • |              |
| Name   | (Enter appropriate fee from above)     |   |              |
| Email  | First Person                           |   |              |
| Job Title  | Additional Person                      |   |              |
| Special Diet First NFDA Event  | Spouse/Guest                           |   |              |
| Attendee Information   | Registration Type - Check One          |   |              |
| Name   | (Enter appropriate fee from above)     |   |              |
| Email  | First Person                           |   |              |
| Job Title  | Additional Person                      |   |              |
| Special Diet First NFDA Event  | Spouse/Guest                           | \$_                                     |              |
| Attendee Information   | Registration Type - Check One          |   |              |
| Name   | (Enter appropriate fee from above)     |   |              |
| Email  | First Person                           |   |              |
| Job Title  | Additional Person                      |   |              |
| Special Diet First NFDA Event  | Spouse/Guest                           | \$                                      |              |
| Name and email address for invoice:  |  | gistration Total \$_                    |              |
|  | Sponsorship Opportunities              |   |              |
|  | \$500 - Welcome Reception              | \$300 - Wedne                           | esday Lunch  |
| Questions:   | \$300 - Thursday Lunch                 | \$150 - Gener                           | al           |
| Call 562-400-3009 or email Jamie Adams at jamie@nfda-fastener.org  | Sp.                                    | onsorship Total \$_                     |              |
| <b>Hotel Rooms:</b> This registration form does not secure your reservation at the Embassy S (see link at www.nfda-fastener.org), or call 612-351-2554 and reference group code NF | •                                      |   |              |
| Cancellation Policy: Requests for refunds must be made in writing. Requests after Fric   |  | Grand Total \$                          |              |