

DELEGATE REGISTRATION FORM

41ST ANNUAL CONFERENCE AND PRODUCT EXPOSITION • SCOTTSDALE, ARIZONA • September 13 - 16, 2009

Name (last, first) _____ Certification(s) _____

Name to be printed on badge _____

Title _____ Agency/Organization _____

Guest Name _____

Mailing Address _____

Phone (_____) _____ Fax (_____) _____

E-mail Address _____

Any special dietary needs or special accommodations you may require? _____

Is this your first NPI Conference? Yes No

CONFERENCE FEES: These fees cover all scheduled sessions and events, per person, if received by August 15, 2009. Fees increase by \$50 if received after this date. The non-NPI member full conference fee includes membership benefits in NPI (if eligible) from time of registration through January 15, 2010.

	Early Registration Fee	Fee if Received after August 15th	
<input type="checkbox"/> NPI member conference fee	\$525.00	\$575.00	\$ _____
<input type="checkbox"/> Affiliate/NPI Chapter member fee*	\$525.00	\$575.00	\$ _____
<input type="checkbox"/> Non-member fee	\$625.00	\$675.00	\$ _____

*This rate applies to non-NPI members who are members of an NPI chapter, ISM affiliate, or Recipient of Achievement of Excellence in Procurement.

SINGLE DAY CONFERENCE REGISTRATIONS

Check Conference Day(s): Monday Tuesday Wednesday \$190/Day \$ _____

RETIRED NPI MEMBER AND SPOUSE/GUEST FEES:

Retired members of NPI and delegates' spouse/guests may attend the conference and products exposition at no charge, but must purchase tickets for the following functions.

		Number of guests	
Welcome Reception	Sept. 13, 2009	\$50/person	Qty: _____ \$ _____
Opening Ceremony and Breakfast	Sept. 14, 2009	\$25/person	Qty: _____ \$ _____
Presidential Banquet	Sept. 14, 2009	\$75/person	Qty: _____ \$ _____
Buyer Supplier Lunch	Sept. 15, 2009	\$40/person	Qty: _____ \$ _____
Wine & Cheese Reception	Sept. 15, 2009	\$40/person	Qty: _____ \$ _____
Installation Luncheon	Sept. 16, 2009	\$35/person	Qty: _____ \$ _____
Full Meal Package		\$250/person	Qty: _____ \$ _____
TOTAL:			\$ _____

PAYMENT METHOD:

Enclosed is my check or money order, payable to N.P.I. in the amount of \$ _____

Charge my VISA MASTERCARD AMERICAN EXPRESS

Amount Authorized: _____ Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

PLEASE FORWARD APPLICATION AND PAYMENT TO:
 MAIL: National Purchasing Institute • Delegate Registration • PO Box 370192 • Las Vegas NV 89137
 FAX: 702-967-0744 • Phone: 866-877-7641