



NAAB CONVENTION REGISTRATION FORM

**71st NAAB ANNUAL CONVENTION
August 29-30, 2017
Madison Marriott West – Madison, WI**

Registration deadline: July 21, 2017

(Please use one form for each person)

Name: _____ Badge Name: _____

Company: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Voting Delegate? Yes _____ No _____

REGISTRATION FEE (per person) \$125 (received before July 21) \$ 125

_____ I will be arriving in time to attend the off-site reception (Aug 29 at 6 pm) at the NEW NAAB office.

_____ I will not be able to attend the reception.

(No refunds for cancellations after Monday, July 31st, 2017)

Disclaimer: The National Association of Animal Breeders does not assume any responsibility for accidents or injuries occurring at the convention. The undersigned does hereby agree to release the National Association of Animal Breeders and their agents, servants and employees from any liability of any injuries or damages arising out of any convention or any activities connected herewith.

Date: _____ **Signature:** _____

Please send registration form with payment (US\$) to: **NAAB, 8413 Excelsior Drive, Suite 140, Madison, WI 53717**
Or fax it to: 608-827-1535

Check enclosed Amount \$ _____ (Make check payable to N.A.A.B.)

Credit Card information - Please print:

MC - VISA (circle one) Account Number: _____ Expiration Date (MM/YY): _____

Name as it appears on card: _____

Billing address for the card: Street _____

City _____ State _____ Zip _____

Verification Number (Last three numbers on back of card in signature box): _____

Amount of Payment: _____