

**National Academy of Arbitrators**  
**2017 FALL EDUCATION CONFERENCE**  
**Four Seasons Miami**  
**Miami, FL**  
**September 15 – 17, 2017**

**MEMBER REGISTRATION FORM**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Spouse/Companion/Partner: \_\_\_\_\_

*(If Attending)*

**Paid and Postmarked July 22 through August 22, 2017:**

**REGULAR REGISTRATION FEE: \$369**

**Paid and Postmarked or hand-delivered after August 22, 2017:**

**LATE REGISTRATION FEE: \$399**

**2017 FEC: Your registration includes:** NAA programs; reading materials; coffee breaks; and **non-transferable tickets for the meals listed below, if so checked:**

Do you plan to attend the Friday Dinner? \_\_\_\_\_ Yes

Do you plan to attend the Saturday Luncheon? \_\_\_\_\_ Yes

Do you plan to attend the ? \_\_\_\_\_ Yes

I have dietary restrictions and would prefer a vegetarian meal(s)  Yes

**SPOUSE/COMPANION/PARTNER INFORMATION**

**ADDITIONAL TRANSFERABLE MEAL TICKET(S):**

**ADDITIONAL** Friday Dinner Ticket(s) \_\_\_\_\_ @\$99

**ADDITIONAL** Saturday Luncheon Ticket(s) \_\_\_\_\_ @\$69

**ADDITIONAL** Sunday Breakfast Ticket(s) \_\_\_\_\_ @\$49

I have dietary restrictions and would prefer a vegetarian meal(s)  Yes

**Concurrent Sessions – Saturday, September 16, 1:30 pm – 2:45 pm**

Please choose one:

Payment Ahoy: Navigating the Federal Sector Pay System for Arbitrators

Developments Affecting Union Security and Union Strength at the Workplace – Ripe for Export to Canada?

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**MEMBER REGISTRATION FORM**

Member's Name: \_\_\_\_\_

Total Payment Amount Enclosed: \$ \_\_\_\_\_

Form of Payment: <input type="checkbox"/> Check <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number: _____	
Expiration Date: _____	CVV Number: _____
Name on Card: _____	
Billing Address: _____	
Authorized Signature: _____	
<i>NOTE: ALL AMOUNTS ARE IN U.S. DOLLARS</i>	

**NAA Operations Center**  
**Ste 412**  
**1 N Main St**  
**Cortland, NY 13045**

If paying by American Express, Discover, MasterCard or Visa, your signed registration form with credit card information may be mailed to the above address or faxed to: (607) 756-8365.

**PARTICIPANT LIST:** Only those registrants whose full registration fees have been received at the ~~NAA~~ **NAA** Operations Center by August 22, 2017 will appear in the Participant List. No supplemental lists will be prepared.

**REFUNDS:** Only those cancellations received at the ~~NAA~~ **NAA** Operations Center by Mail, E-Mail: [naa@naarb.org](mailto:naa@naarb.org), Telephone: (607) 756-8363, or FAX: (607) 756-8365, by August 22, 2017 will be eligible for refunds of the conference registration (subject to \$100 processing charge) and additional meal ticket(s).

<p><b>Please provide your Bar Number(s) and State(s). The Academy will apply* for MCLE for the NAA 2017 Fall Education Conference. *Please note: CLE applications will not be made to additional States after August 22, 2017.</b></p>	<table style="width: 100%;"><tr><td style="text-align: center;"><b>Bar Number(s)</b></td><td style="text-align: center;"><b>State(s)</b></td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	<b>Bar Number(s)</b>	<b>State(s)</b>	_____	_____	_____	_____	_____	_____
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