

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 on or before July 21, 2017:

EARLY REGISTRATION FEE: \$349

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 Sunday Breakfast? _____ 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'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, 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).

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|--|---|----------------------|-----------------|-------|-------|-------|-------|-------|-------|
| <p>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.</p> | <table style="width: 100%;"><tr><td style="text-align: center;">Bar Number(s)</td><td style="text-align: center;">State(s)</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> | Bar Number(s) | State(s) | _____ | _____ | _____ | _____ | _____ | _____ |
| Bar Number(s) | State(s) | | | | | | | | |
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