

**NACTT SEMINAR \*\*\*SAN DIEGO\*\*\*JULY 8-11, 2020  
REGISTRATION FORM**

Company/Firm Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ *(Educational material information will be sent to this e-mail address)*

**NAMES OF PERSONS REGISTERING:** (Only one attendee/guest per form) **(Please check ALL appropriate boxes)**

**Name:** (As to appear on Nametag): \_\_\_\_\_

Attendee Breakfast  Thursday  Friday  Saturday *(Tickets to all events checked will be provided)*  
 President's Reception **Thursday** Night  Farewell Reception **Saturday** Night *(Tickets to all events checked will be provided)*

**Spouse/Guest:** (As to appear on Nametag **ONLY IF ATTENDING**): \_\_\_\_\_

Attendee Breakfast  Thursday  Friday  Saturday *(Tickets to all events checked will be provided)*  
 President's Reception **Thursday** Night  Farewell Reception **Saturday** Night *(Tickets to all events checked will be provided)*

**Children (ONLY IF ATTENDING):** \_\_\_\_\_ (Age \_\_\_\_\_) \_\_\_\_\_ (Age \_\_\_\_\_) \_\_\_\_\_ (Age \_\_\_\_\_)

Attendee Breakfast  Thursday  Friday  Saturday *(Tickets to all events checked will be provided)*  
 President's Reception **Thursday** Night  Farewell Reception **Saturday** Night *(Tickets to all events checked will be provided)*

**Registration Fees (Please Check All That Apply)**

	Before April 1 <sup>st</sup> <i>(All Education Material included in Free Download, except Case Law Update distributed on-site)</i>	After April 1 <sup>st</sup>	After May 1 <sup>st</sup> /On site <i>(After May 1<sup>st</sup>)</i>
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|---|--------|-------------------------------|--------|
| <input type="checkbox"/> <b>American College of Bankruptcy Fellow (check if you are a member)</b>             |        |                               |        |
| <input type="checkbox"/> <b>Trustee NACTT Member</b><br>(Conference, food functions)                          | \$900  | \$1000                        | \$1100 |
| <input type="checkbox"/> <b>Associate NACTT Member</b><br>(Conference, food functions)                        | \$900  | \$1000                        | \$1100 |
| <input type="checkbox"/> Debtor Attorney <input type="checkbox"/> Creditor Attorney                           |        |                               |        |
| <input type="checkbox"/> <b>Staff of NACTT Member</b><br>(Conference, food functions)                         | \$850  | \$950                         | \$1050 |
| <input type="checkbox"/> <b>Staff Attorney of NACTT Member</b><br>(Conference, food functions)                | \$900  | \$1000                        | \$1100 |
| <input type="checkbox"/> <b>EOUST/DOJ or Office of the US Courts Employee</b><br>(Conference, food functions) | \$850  | \$950                         | \$1050 |
| <input type="checkbox"/> <b>Non NACTT Member</b><br>(Conference, food functions)                              | \$1200 | \$1300                        | \$1400 |
| <input type="checkbox"/> Debtor Attorney <input type="checkbox"/> Creditor Attorney                           |        |                               |        |
| <input type="checkbox"/> <b>Bankruptcy Judge</b><br>(Conference, food functions)                              | \$400  | \$400                         | \$400  |
| <input type="checkbox"/> <b>Social Attendee</b><br>(Adult or Child 13-17, incl. food functions)               | \$300  | \$400                         | \$500  |
| <input type="checkbox"/> <b>Social Attendee</b><br>(Ages 6-12, if attending evening events)                   | \$125  | \$225                         | \$250  |
| <input type="checkbox"/> <b>Social Attendee</b><br>(Ages 3-5, if attending evening events)                    | \$75   | \$175                         | \$200  |
| <input type="checkbox"/> <b>Code Book (will be distributed on-site)</b>                                       | \$25   | <b>Number of Copies</b> _____ |        |

**Total Registration** \$ \_\_\_\_\_

**SPECIAL NEEDS:** Kosher meals \_\_\_\_\_ Vegetarian meals \_\_\_\_\_ Other \_\_\_\_\_

**METHOD OF PAYMENT:**  Check  Mastercard/Visa  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_