



2010 NACAS Central Regional Conference
Business Partner Registration
June 20-22, 2010

CLEVELAND, Ohio
'Central Rocks'

Business partner registration fees include all sessions, materials, functions, meals (except Monday night dinner on your own). Transportation to the Sunday evening Rock and Roll Hall of Fame will be coordinated on-site. All other transportation to off-site events is included. The optional golf outing is not included in the registration fee. If you have questions, please contact Scott Engel by phone at 630.942.2233 or email engels@cod.edu. Hotel reservations may be made by calling the Embassy Suites Cleveland - Downtown at 1-800-EMBASSY. Group room rates (mention NACAS) are reserved for June 19th-22nd, and are based on availability. The rates are \$119/night for single or double suite accommodations. Daily breakfast and evening manager's reception is included. The rates are guaranteed until May 20, 2010...so make your reservations early.

Company/Business Name: _____

Name of Representative (First, MI, Last): _____

Title: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Website: _____

Additional representatives: _____
(based on sponsorship level)

Sponsorship Level (A description of each level is on the Business Partner Information Form):

- Bronze \$750 - 1,499 Includes conference registration for one (1) representative
Silver \$1,500 - 1,999 Includes conference registration for two (2) representatives
Gold \$2,000 - 2,499 Includes conference registration for three (3) representatives
Platinum \$2,500 + Includes conference registration for four (4) representatives

Total Due/Enclosed: \$ _____

In-kind items Description: _____

If you are interested in playing golf in the morning on Sunday, June 20th, please e-mail Matt Portner at mportner@ashland.edu

When do you plan to arrive? ___/___/___ When do you plan to depart? ___/___/___

Will you need electricity at your table? _____

Do you have any dietary restrictions? Please specify: _____

In compliance with the Americans with Disabilities Act, please indicate any assistance you require to attend the conference: _____

Payment made by (check one): American Express Mastercard Visa
Check enclosed Exp. Date: ___/___/___ Card number: _____
P.O. # _____ Signature: _____ Today's date: _____

Complete registration form and mail or fax, with payment made payable to NACAS Central, to:
2009 NACAS Central Conference Registration
P.O. Box 5546, Charlottesville, VA 22905-5546
Phone 434.245.8425 info@nacas.org www.nacas.org Fax 434.245.8453
NACAS Tax Identification Number: 16-0999454