



REGISTRATION FORM



64th NAAB ANNUAL CONVENTION and 23rd NAAB TECHNICAL CONFERENCE Wyndham Milwaukee Airport Hotel, Milwaukee, WI September 15-17, 2010

(Please Print)

Name _____ Occupation/Title _____

Will spouse attend: Yes _____ No _____ Spouse's Name _____

Company or Institution _____

Street _____ City _____ State _____ Zip Code _____

Country _____ Phone Number _____ Fax Number _____

E-Mail address: _____

Registration fee includes:

- Registration for one person (*spouse's registration included if attending ONLY the convention*)
- Convention Reception – Wednesday evening, Sept. 15
- One Awards luncheon ticket – Thursday Sept. 16 (11:45 am)
- Technical Conference "Happy Hour" Cocktail Reception – Thursday evening, Sept. 16
- Complimentary copy of **EITHER** the Convention Proceedings **OR** the Technical Conference Proceedings
(Please circle your preference) – (Proceedings will be mailed to above address)

NOTE: USE ONE FORM FOR EACH REGISTRANT. Please make copies if more than one form is needed. Each registrant MUST date and sign this form before mailing to NAAB.

Registration fee per person as follows:

- NAAB Member* (register under name and address of AI Company where you are employed) \$ 110 _____
 - University-Government (Faculty/Staff) (register under name and address of University) \$ 85 _____
 - University Student (register under name and address of University and show Current Student ID) \$ 60 _____
 - Non-NAAB Member (register under name and address of AI Company) \$ 750 _____
 - Additional Luncheon Ticket(s) (Sept. 16)** \$ 30 _____
 - Copy of **BOTH** proceedings** \$ 30 _____
- Total** \$ _____

PLEASE INDICATE THE FOLLOWING:

Attend **CONVENTION** Only _____ Attend **TECH CONF** Only _____ Attend **BOTH EVENTS** _____
 Attend **AWARDS LUNCHEON** Yes _____ No _____
 Attend **LAB** Session _____ **OR** Attend **BARN** Session _____

* Includes NAAB Associate, Canadian and International Members. Non-member organizations may qualify for the member fee by filing an application for Associate Membership with NAAB.

** Not included in registration fee

NOTE: No Refunds for cancellations received after Sept. 1, 2010.

Notice: The National Association of Animal Breeders does not assume any responsibility for accidents or injuries occurring at the meeting. The undersigned does hereby agree to release the National Association of Animal Breeders and its agents, servants and employees from any liabilities for any injuries or damages arising out of any event at the meeting or any activities connected therewith. It should also be understood that any opinions expressed by any participant at the meeting are the opinions of the participant and not necessarily endorsed by NAAB, and that the undersigned does hereby release NAAB from any responsibility in connection with any such opinion or statement.

Date: _____ **Signature:** _____

Please send registration form with payment (US\$) to: **NAAB, P.O. BOX 1033, Columbia, MO 65205.**

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: _____ Item charged to card: _____