



**NAIOP Southern Nevada / Cox Business Solutions
2010 Summit Registration Form**

Name: _____
(List additional attendees on a separate sheet or photocopy this form.)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Enclosed is our check for _____ attendees @ \$40 for members, \$60 for non-members for payment received by September 24.

(Registration fees if payment is received after September 24 are \$75 for members and \$95 for non-members. Cancellations must be received in writing by September 24. No refunds after September 24. However, substitutions are welcome)

Total submitted: \$ _____

Make checks payable to: **NAIOP Southern Nevada Chapter
PO Box 96694
Las Vegas, NV 89193-6694**

Please charge my: Visa MasterCard American Express Discover (please circle)

Account #: _____

exp. date: _____ CID _____ Amount \$ _____

Signature: _____

Fax this form to (702) 798-8653. For more information, call (702) 798-7194