

# NAIOP

COMMERCIAL REAL ESTATE  
DEVELOPMENT ASSOCIATION  
SOUTHERN NEVADA CHAPTER

**Chapter Breakfast Meeting**  
**Thursday, September 17, 2009**  
**The Orleans Hotel & Casino**  
7:00 a.m. - Registration, Networking  
& Buffet Breakfast  
7:30 a.m. - 8:30 a.m. - Program

## What's Happening Now and What's in Store for our Industry?

Join us for current market information from our expert panel with a moderated discussion and Q&A



**Patricia Nooney**  
Managing Director  
CB Richard Ellis



**Bob Walter**  
Executive Vice President and Risk Manager  
Nevada State Bank



**John Wright**  
Vice President  
National Valuation Consultants

Moderator: **Richard E. Myers**, President  
Thomas & Mack Development Group

### Meeting Sponsor



**Reservations must be made by 5:00 p.m. Monday September 14, 2009.** Cancellations must be received in writing by deadline date to receive refund. Fees are due if notice of cancellation is not received. Fax and emailed reservations are considered firm and unpaid no-shows will be billed. For more information, call the NAIOP office (702) 798-7194. [Register online at www.naiopnv.org](http://www.naiopnv.org)

## REGISTRATION FORM (Please print or type. Please complete only one form per person.)

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

- This is a change of address.
- Please send me membership information.
- I am interested in serving on a committee, please contact me. (Members Only)

### Registration Fees

09/09-W

|                           | Member | Non-Member |
|---------------------------|--------|------------|
| With Advance Reservations | \$25   | \$40       |
| Without Reservations      | \$30   | \$45       |

Amount Enclosed: \$ \_\_\_\_\_

### Check appropriate box and fax to (702) 798-8653:

- Pre-paid for the year
- Check Mailed
- 2009 President's Circle Sponsor
- Will Pay at Door
- Credit Card (MC, Visa, American Express, Discover)

Card# \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

### Mail form with payment to:

NAIOP Southern Nevada Chapter  
P. O. Box 96694  
Las Vegas, NV 89193-6694