



**2017 Holistic Defense and Leadership Conferences Registration Form**  
**June 7-9, 2017 \* Baltimore, Maryland**

**REGISTRANT INFORMATION** (One form per registrant. Please print clearly.)

**Full Name:** \_\_\_\_\_ **First Name on Badge:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Will you apply for CLE credits?**  Yes  No **If yes, which state(s):** \_\_\_\_\_

**Special ADA-Related Needs:**  Audio/Visual  Mobility  Other (please specify): \_\_\_\_\_

**Special Dietary Needs:**  Regular  Vegetarian  Vegan  Gluten Free  
 Allergies or other special dietary needs (please specify) \_\_\_\_\_

**REGISTRATION FEE SCHEDULE**

Registration Type	Early until 5/8	Regular 5/9-5/31	Late 6/1 – Onsite
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**ACCD CONFERENCE**

NLADA Member	\$100 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$225 <input type="checkbox"/>
Non-Member	\$225 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$350 <input type="checkbox"/>
<i>(Non-member fee includes complimentary 1-year NLADA/ACCD membership)</i>			
Add COD to ACCD	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>

**NASAMS CONFERENCE**

NLADA Member	\$125 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$250 <input type="checkbox"/>
Non-Member	\$200 <input type="checkbox"/>	\$225 <input type="checkbox"/>	\$325 <input type="checkbox"/>
<i>(Non-member fee includes complimentary 1-year NLADA/NASAMS membership)</i>			
Add COD to NASAMS	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>

**COD CONFERENCE**

NLADA Member	\$50 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$175 <input type="checkbox"/>
Non-Member	\$100 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$225 <input type="checkbox"/>
<i>(Non-member fee includes complimentary 1-year NLADA membership)</i>			

Online registration at:  
<http://bit.ly/2m4FmAU/>

**PAYMENT (Registrations will not be processed without some form of payment.)**

Check enclosed, made payable to NLADA  
 MasterCard  Visa  AmEx Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

**TOTAL PAYMENT:**

\$ \_\_\_\_\_

**Purchase Orders must include the contact information of the person who will process the payment.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_

**CHECK PAYMENTS – MAIL TO:** P.O. Box 79083, Baltimore MD 21279-0083

**CREDIT CARD OR PURCHASE ORDER PAYMENTS – FAX TO:** 202-872-1031

**CANCELLATION POLICY:** Registration fees will be refunded, less a \$75 administrative fee, for cancellations received in writing no later than May 3, 2017. After May 3, registration fees are not refundable. However, the balance may be applied to future NLADA events. Substitution of conference attendees may be made at any time before or at the event.