

REGISTRATION FORM
23rd Annual Spotlight Awards
Saturday, March 28, 2020
Red Rock Casino, Resort & Spa

Company Name: _____

Contact Person: _____

Phone: _____ Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please list the guest names:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

of Seat(s) _____ \$225 per person

Table (s) _____ \$1,800 – this is a table sponsorship that includes a table of 10, company logo display on the table & company name printed in the program - *NOTE: If a premium placed table is desired, please see the sponsorship opportunities*

Total Amount \$ _____

Authorized Signature: _____

Print Name: _____

Email an invoice to pay by check **OR** Email an invoice that can be paid online

RETURN FORM TO johna@naiopnv.org

Registrations, guest names & payment is due by **Friday, March 6, 2020**. Cancellations must be received in writing and no refunds given after that date. Substitutions are welcome, names preferred in advance.