



# Spotlight Awards Attendee Registration Form

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email: \_\_\_\_\_

\_\_\_\_\_ # of Seat(s) \$295 per person

\_\_\_\_\_ Table(s) \$2,000 standard table of 10\*\*

**\*\*note: if premium placing is desired and to have your company name or logo printed on the invite or program depending on level, please see [sponsorship opportunities](#).**

Attendee Details:

Last	First	Attendee's Company	Email Address

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

Print Name: \_\_\_\_\_

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

**RETURN FORM TO [johna@naiopnv.org](mailto:johna@naiopnv.org)**

Payment is due within 30 days. Cancellations must be in writing and no refunds will be given no later than **March 10, 2023**. Substitutions are welcome. Attendee names are due by **Friday, March 10, 2023**.

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