October 28, 2016 Event Registration

	Name:							
Address:								
	Addiess.							
	E-Mail:							
Telephone:								
Employer:								
(Please include web site if available)								
Job Title (Years Total Experience):								
Self Employed?			YES NO				0	
Employer Industry:					•			
(Provide your best guess if unsure								
how to categorize)								
Are You a Student?		YES			NO			
If you are a student, what school?								
(Please include								
Amount Due:				Qı	uantity (#)	Unit Price (\$	Amount Due (\$)	
			Member					
			\$35 each Non-Member					
			\$50 each					
			Table (8) Members					
			\$250					
		Та	ble (8) Non-Members \$350					
			Total					
Payment Method:		Please mail a check						
rayment wethou.		Payable to: NAAAP INC						
		Memo: Detroit						
			(please mail to the address indicated on this form)					
Attendees:	<u>First Name</u>		<u>Last Name</u>		<u>E-N</u>	<u>/lail</u>	<u>Phone</u>	
1 2				\dashv				
3								
4								
5 6				\dashv				
7								
<u>8</u>				\dashv				
10				\dashv				
11								
12 13				\dashv				
13								

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