



# 2018 BROKER/OWNER CONFERENCE & EXPO REGISTRATION

**REGISTER ONLINE at [www.narpmbrokerowner.org/registration](http://www.narpmbrokerowner.org/registration)**

**There will be a maximum  
of 600 attendees.**

**Only 2 people from  
the same company  
may register.**

## SPECIAL ASSISTANCE

☐ I will require special assistance.

☐ I have special dietary needs.

Specify: \_\_\_\_\_

## REGISTRATION DEADLINES

Early Bird registrations **must** be postmarked, received by email, or registered online by 11:00 pm EST 60 days prior to the event. Less than 60 days prior to the event, send the higher fee shown. **Do not** send registration to National two weeks prior to the event. Instead, register on-site at the event.

## CANCELLATION POLICIES

If this event is cancelled for any reason, the liability of NARPM® to the registrant is limited to the return of the registration fee. A necessary rescheduling of the event, as approved by the NARPM® Board, does not constitute a cancellation.

Event cancellations must be received in writing. If cancellation is received 30 days prior to the event, there will be a full refund less a \$25 processing fee. If cancellation is received 15-29 days prior to the event, there will be a 50% refund. **There is NO refund if cancellation is 1-14 days prior to the event.**

## MONETARY POLICIES

A \$25 processing fee will be charged for re-billing a credit card. A charge of \$25 will apply for all non-sufficient fund checks. Checks not in U.S. funds will be returned. You are not considered a registered attendee until payment has been successfully processed.

## EASY WAYS TO REGISTER

**ONLINE** – To register, visit [www.narpmbrokerowner.org/registration](http://www.narpmbrokerowner.org/registration) and login to BROKER/OWNER ONLINE REGISTRATION.

**EMAIL** – Send your form to: [conventioninfo@narpm.org](mailto:conventioninfo@narpm.org)

**MAIL** – Send your form with payment to:  
NARPM® National, 638 Independence  
Parkway, Suite 100, Chesapeake, VA 23320

## 1 REGISTRATION INFORMATION (please type or print)

Name: \_\_\_\_\_ Name for badge: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check your designation(s): ☐ RMP® ☐ MPM® ☐ CRMC®

☐ **Only 2 people per company are allowed to attend this event. I certify that I am a Designated Broker, Company Owner, and major decision maker. Only these members are entitled to attend the Broker/Owner Conference and Expo. Failure to check this box will cause registration to be returned.**

## 2 BROKER/OWNER CONFERENCE AND EXPO

Mirage Hotel and Casino

April 9-11, 2018

Education classes held April 12, 2018

Las Vegas, NV

 **GET  
INVOLVED!**

**\*Start the conference off  
with Rehab Your Business  
on Monday morning,  
April 9, to identify prac-  
tices to improve your  
bottom line. Learn from  
other successful NARPM®  
Business Leaders on how  
they have turned their  
companies around.**

## 3 REGISTRATION FEES

**No Affiliates may attend the Conference.**

	PROFESSIONAL MEMBERS			ASSOCIATE MEMBERS			NON- MEMBERS		
	Early Bird By 2/8/18 Postmark	2/9/18 to 3/20/18 Postmark	No Reg Onsite or When Full	Early Bird By 2/8/18 Postmark	2/9/18 to 3/20/18 Postmark	No Reg Onsite or When Full	Early Bird By 2/8/18 Postmark	2/9/18 to 3/20/18 Postmark	No Reg Onsite or When Full
<input type="checkbox"/> Broker/Owner Conference and Expo with Rehab Your Business Session *	\$839	\$939		\$889	\$989		\$939	\$1039	
<input type="checkbox"/> Broker/Owner Conference and Expo ONLY	\$790	\$890		\$840	\$940		\$890	\$990	

**4 ARE YOU APPLYING FOR NARPM® MEMBERSHIP?** ☐ Yes ☐ No ☐ Already a Member  
Go to [www.narpm.org/join](http://www.narpm.org/join) for a membership application that must be submitted with this registration to receive member discount (Fee is \$245).

## 5 TOTAL FEES

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

## 6 METHOD OF PAYMENT

☐ Check # \_\_\_\_\_, payable to NARPM®, enclosed for total fees amount listed above.

☐ Please charge my ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express for total amount above.

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize NARPM® to charge my credit card.

-----All information below will be shredded.-----

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_