



2010 Annual Meeting Event Registration - Tampa, Florida

1. Please **type or print** all information clearly, listing full names of individuals who will attend as you want them to appear on their name badges.
2. Registration fees **must** accompany this form in order to process your registration.
3. Submit this form with your check or credit card information directly to the NCSA at the address shown below.
4. The events will be held at the **Renaissance Tampa Hotel International Plaza**. Hotel reservations must be made directly with the hotel at (800) 644-2685, or online at www.marriott.com using **Group Code NCSNCSA**.
5. Please include any **special seating** requests for the Candy Hall of Fame Banquet or any **golf pairings in writing** with your registration form. All seating is assigned for the Banquet.
6. **Cancellation policy:** 75% refund before September 17, and **no refunds after September 17th**.

NAME OF KEY CONTACT _____

EMAIL ADDRESS _____

COMPANY _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

FRIDAY, OCTOBER 22ND: Candy Hall of Fame Golf Classic at TPC Tampa Bay, home of Outback Steakhouse Pro-Am – \$165 per person

FRIDAY, OCTOBER 22ND: Reception & Dinner at Renaissance Tampa Hotel International Plaza – \$150 per person (Children ages 6-12 \$60, under 6 no charge)

SATURDAY, OCTOBER 23RD: Business Meeting – No Charge, but pre-registration is required

SATURDAY, OCTOBER 23RD: Cocktail Reception & Dinner at Renaissance Tampa Hotel International Plaza – \$185 per person (Children ages 6-12 \$75, under 6 no charge)
(Includes Candy Hall of Fame Induction Ceremony and After Hours Dessert Party)

SUNDAY, OCTOBER 24TH: Farewell Breakfast – No Charge, but pre-registration is required

PLEASE TYPE OR PRINT EACH NAME AS IT SHOULD APPEAR ON NAME BADGE AND MARK BOXES FOR EVENTS ATTENDING:		HALL OF FAME MEMBER	HALL OF FAME GOLF CLASSIC	FRIDAY RECEPTION & DINNER	SATURDAY BUSINESS MEETING	SATURDAY RECEPTION & DINNER	SUNDAY BREAKFAST	TOTAL
Name	Company Name if different from above	Year Inducted: _____ Handicap: _____ <input type="checkbox"/> \$165 <input type="checkbox"/> Need transportation to Course	<input type="checkbox"/> \$150	<input type="checkbox"/> No Charge	<input type="checkbox"/> \$185	<input type="checkbox"/> No Charge	\$	
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PAYMENT METHOD: Check Enclosed made payable to NCSA Charge to my: American Express Discover Master Card Visa

GRAND TOTAL \$

NAME AS IT APPEARS ON CARD _____ CREDIT CARD NO. _____ EXPIRATION DATE: _____