

# REGISTRATION FORM

## 75th NAAB Annual Meeting & 28<sup>th</sup> NAAB Technical Conference & Semen Quality Workshop

The Abbey Resort, Fontana, WI 53125 | October 27-29, 2021

*PLEASE COMPLETE FORM FOR EACH ATTENDEE as each individual MUST sign & date this form before sending to NAAB. Please write legibly if printing and completing form, as information is used for name badges and future communications.*

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Company or Institution: \_\_\_\_\_ Country \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address: \_\_\_\_\_  
(Credit card receipt will be supplied via email.)

### INCLUDED IN REGISTRATION:

- Registration for 1 person       1 Welcome Dinner Reception/Awards/ 75<sup>th</sup> Anniversary Social (Wednesday Evening)
- 1 Box Luncheon Ticket (Thursday Noon)       Drink Ticket Cocktail Reception (Thursday Evening)
- 1 Complimentary copy of: **(Choose one)**       Annual Meeting Proceedings       Technical Conference Proceedings\*  
\* Link sent following Technical Conference.

### I WILL ATTEND... (Select all that apply)

#### WEDNESDAY, OCTOBER 27<sup>TH</sup>: AFTERNOON

**(Choose one)**       NAAB ANNUAL MEETING       SEMEN QUALITY WORKSHOP (prices below)

#### WEDNESDAY, OCTOBER 27<sup>TH</sup>: EVENING

\_\_\_\_\_ DINNER: Welcome Reception/Awards/75<sup>th</sup> Anniversary Social (GF/vegetarian option upon request)

#### THURSDAY, OCT. 28<sup>TH</sup> & FRIDAY, OCT. 29<sup>TH</sup>

\_\_\_\_\_ TECHNICAL CONFERENCE

#### THURSDAY, OCTOBER 28<sup>TH</sup>: LUNCH

\_\_\_\_\_ BOXED LUNCH (GF/vegetarian option upon request)

#### THURSDAY, OCTOBER 28<sup>TH</sup>: AFTERNOON

**(Choose one)** BREAKOUT SESSIONS: Technical Conference       LAB Session       BARN Session

**NAAB Members:** includes NAAB Associate, Canadian, and International Associate Members/Industry Partners      \$ 225 \_\_\_\_\_  
Register under name & address of company where you are employed.  
**Early Bird Registration Fee:** Credit of \$50 if registered/postmarked by August 15<sup>th</sup>.

**Semen Quality Workshop:** Wednesday Afternoon – October 27<sup>th</sup>      \$ 50 \_\_\_\_\_  
▶▶▶ Fee for Workshop is \$200 if NOT attending Technical Conference.      \$ 200 \_\_\_\_\_

**University-Government (Faculty/Staff):** Register under name and address of University.      \$ 150 \_\_\_\_\_

**University Student:** Register under name & address of University and send scan/photocopy of Current Student ID.      \$ 100 \_\_\_\_\_

**Non-NAAB Member:** Register under name and address of AI Company.      \$ 750 \_\_\_\_\_

**Additional Anniversary/Welcome Reception Ticket(s):** Wednesday, Oct. 27<sup>th</sup>      \$ 65 \_\_\_\_\_

**NOTE:** No refunds or cancellations after **Oct. 1, 2021.** **Total \$** \_\_\_\_\_

**Notice:** The National Association of Animal Breeders does not assume any responsibility for accidents or injuries occurring at the meeting. The undersigned does hereby agree to release the National Association of Animal Breeders and its agents, servants and employees from any liabilities for any injuries or damages arising out of any event at the meeting or any activities connected therewith. It should also be understood that any opinions expressed by any participant at the meeting are the opinions of the participant and not necessarily endorsed by NAAB, and that the undersigned does hereby release NAAB from any responsibility in connection with any such opinion or statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send registration form with payment (US\$) to: NAAB, Attn: Donna Craig, 8413 Excelsior Dr., Ste 140, Madison, WI 53717**

Check enclosed, payable to NAAB.      **Credit Card:** [dcraig@naab-css.org](mailto:dcraig@naab-css.org)       Master Card       VISA       Discover       AMEX

Account Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Verification Number (Last 3 digits on back of card in signature box) \_\_\_\_\_ AMEX \_\_\_\_\_ (4 digit on front of card)

Name as it appears on card: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing address for the card: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_