



# REGISTRATION FORM

## 72nd NAAB ANNUAL CONVENTION 27th NAAB TECHNICAL CONFERENCE & LABORATORY/SEMEN QUALITY WORKSHOP

Radisson Hotel and Conference Center, Green Bay, WI  
September 19-21, 2018



**USE ONE FORM FOR EACH REGISTRANT.** Please make copies if more than one form is needed.  
Each registrant **MUST** sign and date this form before forwarding to NAAB.

Please Print Clearly – information is used for your name badge and mailing of proceedings

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

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

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

Country \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail address: \_\_\_\_\_ (Credit card Receipt will be supplied via e-mail).

**Included in your Registration:**

- Registration for one person
  - One Awards Luncheon Ticket – Thursday noon
  - One Complimentary copy (**Choose one**)
  - Welcome Reception on Wednesday evening
  - Cocktail Reception on Thursday evening
  - Convention Proceedings
  - Technical Conference Proceedings
- International Participants will receive Technical Proceedings on CD** \_\_\_\_\_ Please send my Tech Proceedings on CD

**I Will Attend:** \_\_\_\_\_ **CONVENTION** \_\_\_\_\_ **AWARD LUNCHEON** (*Gluten-free or vegetarian option upon request*)

\_\_\_\_\_ **TECH CONF** Breakout Sessions: Thurs afternoon (**Choose one**)  **LAB** Session  **BARN** Session

\_\_\_\_\_ **LAB/SEMEN QUALITY WORKSHOP** (\$25 with registration of Technical Conference - \$200 if NOT attending conference)

|   |              |
|---|--------------|
| <b>NAAB Member</b> - includes NAAB Associate, Canadian and International Associate Members/Industry Partners.<br>(Please register under name and address of Company where you are employed) | \$ 140 _____ |
| <b>Laboratory/Semen Quality Workshop</b> (Wednesday Afternoon – September 19th)   | \$ 25 _____  |
| ▶▶▶ <b>Fee for Workshop is \$200 if NOT attending Technical Conference</b>  | \$ 200 _____ |
| University-Government (Faculty/Staff) (register under name and address of University)   | \$ 85 _____  |
| University Student (register under name and address of University and send a photocopy of <u>Current</u> Student ID)  | \$ 60 _____  |
| Non-NAAB Member (register under name and address of AI Company)   | \$ 750 _____ |
| <u>Additional</u> Luncheon Ticket(s) (Sept. 20th)   | \$ 40 _____  |

**NOTE:** No Refunds for cancellations received after **Sept. 1, 2018.** 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:** \_\_\_\_\_

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

Please send registration form with payment (US\$) to ▶ NAAB, 8413 Excelsior Dr., Suite 140, Madison, WI 53717.

Check enclosed  Amount \$ \_\_\_\_\_ (Make check payable to N.A.A.B.)

**Credit Card information MC - VISA - Discover – AMEX (circle one) - Please print:**

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 \_\_\_\_\_

**Amount of Payment** \_\_\_\_\_