

FALL CONFERENCE REGISTRATION FORM

Send completed registration form and payment to:

NOVA - Fall Conference 2019
1775 Eye Street, NW Suite
1150 Washington, D.C. 20006
Phone: (202) 587-5708
Fax: (202) 587-5601

Email: mmcnamer@vetadvocates.org
kwhalen@vetadvocates.org

OFFICE USE ONLY

Received _____

Check # _____

Registration is also available on our website: www.vetadvocates.org.

Please provide a **unique** email address for each attendee that is their own, not that of their organization. The email address provided below will be used for **all** conference communication including materials & CLE distribution and we want to ensure proper receipt. **Registrations containing duplicate emails will NOT BE ACCEPTED.**

REQUIRED INFORMATION ****Please complete the information below as you would like your name badge at the conference to read.****

NAME: _____ ORGANIZATION: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

SEMINAR MATERIALS

SEMINAR MATERIALS WILL BE PROVIDED PRIOR TO THE CONFERENCE VIA INTERNET DOWNLOAD. AN EMAIL WILL BE SENT TO THE ADDRESS PROVIDED ABOVE WITH INSTRUCTIONS TO DOWNLOAD THE MATERIALS. WIFI AND POWER OUTLETS MAY NOT BE AVAILABLE. PLEASE PROVIDE A UNIQUE EMAIL FOR EACH ATTENDEE, AS DUPLICATE EMAILS WON'T BE ACCEPTED BY THE SYSTEM.

REGISTRATION FEES (See Attached Fee Schedule On The Next Page)

Multi-registration fee discount: Organizations that register two or more individuals at the same time can apply the multi-registration discount. The discount is 10% off your final amount, or each registration. **Please note this discount does not apply to single registrations and can only be used if registering from the same firm at the same time.**

Credit card payments: You may pay by credit card (VISA, MC, AMEX or Discover) by completing the credit card payment form.

Please indicate below which sessions you plan to attend:

- BASIC SESSION ONLY (THURSDAY)
- GENERAL SESSION ONLY (FRIDAY & SATURDAY)
- BASIC SESSION & GENERAL SESSION (ALL THREE DAYS)

Is this your first time attending a NOVA Conference?

YES

NO

If you have a disability and require assistance, please inform Meghan McNamer by attaching your requirements to this form or call 202-587-5708.

PAYMENT ENCLOSED \$ _____

CLE CREDITS AND VA ACCREDITATION

In order to apply for CLE credits for your attendance at this seminar, please provide the following:

STATE AND BAR#: _____ STATE AND BAR#: _____

REGISTRATION FEE SCHEDULE

PLEASE NOTE* The student rate is reserved for active full-time law students. If you possess a Law School/Student NOVA Membership as a Law Professor, please register under the NOVA Member rate.*

Cancellation Policy

BEFORE August 23, 2019 75% of fee paid will be returned
ON OR AFTER August 23, 2019 NO REFUND (SEMINAR MATERIALS WILL BE PROVIDED)

	EARLY BIRD RATE Postmarked On or Before 6/28/2019	REGULAR RATE Postmarked On or Before 8/23/2019	LATE REGISTRATION AFTER 8/23/2019 <small>Registrations Must Be Made by Phone or Online and Paid by Credit Card</small>
BASIC SESSION ONLY			
NOVA MEMBER	\$350	\$450	\$650
NON-NOVA MEMBER	\$450	\$550	\$750
STUDENT	\$100	\$125	\$150
GENERAL SESSION ONLY			
NOVA MEMBER	\$495	\$645	\$845
NON-NOVA MEMBER	\$645	\$745	\$945
STUDENT	\$170	\$195	\$220
BASIC SESSION & GENERAL SESSION (ALL THREE DAYS)			
NOVA MEMBER	\$695	\$895	\$1295
NON-NOVA MEMBER	\$945	\$1095	\$1495
STUDENT	\$220	\$245	\$270

Credit Card Payment Form

(Complete the form and submit with your registration)

DATE: _____ YOUR NAME: _____

CARD #: _____ / _____ / _____ / _____ EXP. DATE: _____ SECURITY CODE: _____
(VISA, MC, DISCOVER, AMEX)

AMOUNT: \$

ITEM PURCHASED: _____

NAME (as it appears on the card): _____

CREDIT CARD BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

(PERSON TO RECEIVE RECEIPT)