Registration Form
NEADA Annual Meeting: October 20 – 21, 2020
Virtual Meeting: 12:00 p.m. – 4:00 p.m. each day

Please return to clovejoy@neada.org by October 15, 2020.

First Attendee Name: ___________________________________________________________________________
Title: ______________________________________
Organization: ________________________________________________________________________
Phone: ________________________________Email: ________________________________________

Second Attendee Name: _______________________________________________________________
Title: ______________________________________
Organization: ________________________________________________________________________
Phone: ________________________________Email: ________________________________________

Third Attendee Name: _______________________________________________________________
Title: ______________________________________
Organization: ________________________________________________________________________
Phone: ________________________________Email: ________________________________________

Fourth Attendee Name: _______________________________________________________________
Title: ______________________________________
Organization: ________________________________________________________________________
Phone: ________________________________Email: ________________________________________

1st Attendee: $200 = $ ________
2nd Attendee: $100 = $ ________
Additional Attendees (#) _____ x $50 each = $ ________

Total: $ ________

The NEADA tax ID is 42-1445636. Send payment to: NEADA, P.O. Box 42655, Washington, D.C. 20015-0655 or pay online using a credit card: https://neada.org/product/2020annualmeeting/.