



# Contestant Registration Form

## Registration Deadline: Saturday, April 15, 2017

### CONTESTANT INFORMATION

SPONSORING CHAPTER: \_\_\_\_\_ COMPETITION CHAIRPERSON: \_\_\_\_\_

CHAIRPERSON EMAIL: \_\_\_\_\_ CHAIRPERSON PHONE: \_\_\_\_\_

CONTESTANT'S NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF LOCAL NEWSPAPER: \_\_\_\_\_

DIETARY RESTRICTIONS AND FOOD ALLERGIES: \_\_\_\_\_

### CONTESTANT MEETING REGISTRATION

<input type="checkbox"/>	Contestant Registration	\$395
<input type="checkbox"/>	Half-page Ad in Gala Program	\$50
<input type="checkbox"/>	Full-page Ad in Gala Program	\$100
	<b>Total Payment Due</b>	

#### WISH YOUR FINALIST WELL

Support your chapter winner with an ad in the Annual Meeting program. Ad includes both text and photo.

Full-page ad - \$100    Specs: 6" x 9.5"

Half-page ad - \$50    Specs: 6" x 4.75"

Send camera ready ad to: [szayas@immediacypr.com](mailto:szayas@immediacypr.com)

**DEADLINE FOR AD: FRIDAY, MAY 5, 2017**

**Hotel accommodations for contestants must be made by April 15 by contacting Diana Freeman at (434) 501-0990 or [freemanhome17@gmail.com](mailto:freemanhome17@gmail.com).**

Contestants will be paired in a hotel room with another chapter contestant of the same gender. Chapters of paired contestants will split the room rate of \$109 per night (plus taxes).

Contestants accompanied by a guest will not be paired with another contestant. In this case, the chapter pays the full room rate.

**NOTE:**

**Each chapter will be responsible for its contestant's hotel bill, which can be reconciled and paid for at check out. Contestants are responsible for hotel charges they incur beyond room and taxes.**

### THREE WAYS TO REGISTER

**MAIL** completed form and payment to Annual Meeting Registrar - Chris Wittig  
CBIZ c/o NSAL  
1675 N. Military Trail, Fifth Floor  
Boca Raton, FL 33486

**ONLINE** [www.nsalfloridaeast.org](http://www.nsalfloridaeast.org)

**EMAIL** completed form with credit card information to [cwittig@cbiz.com](mailto:cwittig@cbiz.com)

### PAYMENT

- Check payable to NSAL Florida East
- Visa     MasterCard     AMEX     Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_ CID#: \_\_\_\_\_

Signature: \_\_\_\_\_

**Disclaimer: Any photos and video taken throughout the week of the Annual Meeting may be used by NSAL.**