

**NATIONAL BOND CLAIMS ASSOCIATION**  
**2011 REGISTRATION FORM**  
 PLEASE RETURN THIS REGISTRATION FORM BEFORE SEPTEMBER 12, 2011  
 Note: Even if your registration fee is waived, you must return this form

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name as you would like it to appear on your name tag: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

**1. Registration Fee**

- Company Representative (fee waived) \_\_\_\_\_ -0-  
 Non-Company Representative \_\_\_\_\_  
 \$895.00 if payment received after August 26, 2011 \_\_\_\_\_

**2. NBCA Golf Tournament Fee**

- Company Representative (fee waived) \_\_\_\_\_ -0- hcp/avg. score \_\_\_\_\_  
 Non-Company Representative (\$275 per person) \_\_\_\_\_ hcp/avg. score \_\_\_\_\_

**2a. Donation for NBCA Golf Prizes (Please contribute!)** \_\_\_\_\_

**3. NBCA Alternate Activity (Shopping and Wine Tasting)**

- Company Representative (fee waived) \_\_\_\_\_ -0-  
 Non-Company Representative (\$50 per person) \_\_\_\_\_

**4. Memorial Golf Tournament Fee (\$275 per person)**

- Player 1 Name: \_\_\_\_\_ hcp/avg. score \_\_\_\_\_  
 Fee Paid:  Yes  No  
 Player 2 Name: \_\_\_\_\_ hcp/avg. score \_\_\_\_\_  
 Fee Paid:  Yes  No  
 Player 3 Name: \_\_\_\_\_ hcp/avg. score \_\_\_\_\_  
 Fee Paid:  Yes  No  
 Player 4 Name: \_\_\_\_\_ hcp/avg. score \_\_\_\_\_  
 Fee Paid:  Yes  No

**4a. Memorial Golf Sponsor Fee (\$100 minimum)** \_\_\_\_\_

**4b. Memorial Golf Cash Contribution for Prizes (not tax deductible)** \_\_\_\_\_

**Total Remitted** \_\_\_\_\_

**CE/CLE INFORMATION - Please fill out if you would like CE and/or CLE credits:**

**CLE CREDITS**

**CE CREDITS**

<u>State</u>	<u>License #</u>	<u>State</u>	<u>License #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____