MEMBER AFFILIATION & STATUS

SELECT ONE: ☐ Member ☐ Prospect ☐ Staff

SELECT ONE: ☐ Cantrex Nationwide ☐ Nationwide Core ☐ Nationwide Florida ☐ Nationwide Northeast ☐ Nationwide Southeast ☐ Nationwide Southwest ☐ Nationwide United Stores ☐ Nationwide West

CANCELLATIONS AND CHANGES TO YOUR PRIMETIME REGISTRATION & HOTEL RESERVATION: Cancellations and changes to your registration must be sent in writing to GuestServices@SterlingEvents.com on or before Friday, July 20, 2018 to avoid any potential fees.

After July 20th:

· The penalty for cancelling your registration to attend the PrimeTime event will be $350 per registration.

· The penalty for reducing your room nights or cancelling your hotel reservation will be equal to one night's hotel charges including taxes even if you still plan to attend PrimeTime.

NO-SHOWS : No-shows (registrants who do not attend PrimeTime without prior notice of cancellation) will be charged a cancellation fee of $350 per registration plus one night's hotel charges including taxes, if applicable. Attendees assume full responsibility for notification of and verification of receipt by GuestServices@SterlingEvents.com.

HOTEL REGISTRATION:

QUESTIONS? CALL STERLING EVENTS GUEST SERVICES AT 800.777.8741
PLEASE FAX YOUR REGISTRATION TO 336.778.0790. *DENOTES REQUIRED FIELD

*Full Name: _____

*Company: _____

*Business Address: _____

*City: _____ *State/Province: _____ *Postal Code: _____

*Work Phone Number: ( ) _____ *Mobile Phone Number: ( ) _____

Fax: ( ) _____ *Email: _____

ACCOMMODATIONS:

☐ Please reserve my room at The Venetian | Palazzo ($204 plus taxes and fees)

☐ No thanks, I do not need accommodations.

ARRIVAL/DEPARTURE:

Arrival: _____ Departure: _____

The Hotel will make every effort to accommodate your special preferences, but cannot guarantee any requests until check-in.

☐ Venetian ☐ Palazzo ☐ No Tower Preference

☐ One Bed ☐ Two Beds ☐ Wheelchair Accessible ☐ Baby Crib

First Roommate Name: _____ Age: _____

•Second Roommate Name: _____ Age: _____

•Third Roommate Name: _____ Age: _____

•Additional charges may apply

CREDIT CARD INFORMATION:

CC Type: VISA, MasterCard, American Express, Discover

CC Number: | | | | | | | | | | | | | | | | Expiration Date: _____ / ____

Name on Card: _____ Signature: _____

HOTEL RESERVATION DEADLINE: TUESDAY, JULY 10TH, 2018 / FAX COMPLETED FORMS TO 336.778.0790