

GROUP REGISTRATION FORM

April 28–30, 2025 | Fontainebleau Las Vegas



Name:	
Title:	Company:
Address:	
Email:	Phone:
NAPA Firm Partner Affiliation:	Signature:
PREFERRED METHOD OF PAYMENT Electronic Transfer Please complete and return this form in addition to your Group Registration Form.	PAYMENT CONTACT Please provide the contact information for the individual responsible for payment, if other than the contact above.
•	Name:
Check by Mail Please mail this completed form and payment to NAPA, P.O.	Email:
Box 34725, Alexandria, VA 22334. Payments by check must be received by April 11, 2025 to ensure adequate processing time.	Phone:
Credit Card	Please list all individuals below whom you would like to include in a group registration.
Credit card details should not be shared electronically. A	Forms should be submitted to
member of our accounting team will connect with them to process the transaction securely.	Forms should be submitted to accountsreceivable@usaretirement.org .

REGISTRATION RATES	EARLY BIRD Valid Until 2/7/25	REGULAR Valid Until 4/14/25	ON-SITE Valid After 4/14/25
NAPA Member, Advisor	\$885	\$985	\$1,085
NAPA Member, Non-Advisor	\$1,040	\$1,140	\$1,240
Non-Member, Advisor	\$1,405	\$1,505	\$1,605
Non-Member, Non-Advisor	\$6,550	\$6,650	\$6,750

GROUP REGISTRATION

Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No

GROUP REGISTRATION (CONTINUED)

Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No
Name:	CRD# (if applicable):		
Title:	Company:		
Email:		Advisor: Yes	No