



# GROUP REGISTRATION FORM

APRIL 19-21  
TAMPA, FL



Name:

Title:

Address:

Email:

NAPA Firm Partner Affiliation:

Company:

Phone:

Signature:

## PREFERRED METHOD OF PAYMENT

### Electronic Transfer

Please complete and return **this form** in addition to your Group Registration Form.

### Check by Mail

Please mail this completed form and payment to NAPA, P.O. Box 34725, Alexandria, VA 22334. Payments by check must be received by **March 27th, 2026** to ensure adequate processing time.

### Credit Card

For credit card payments, a separate online invoice (payable by a credit card) will be emailed to you from Accounts Receivable.

## PAYMENT CONTACT

Please provide the contact information for the individual responsible for payment, if other than the contact above.

Name:

Email:

Phone:

Please list all individuals below whom you would like to include in a group registration.

Forms should be submitted to:

[accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org)

## REGISTRATION RATES

### EARLY BIRD

Valid Until 2/6/26

### REGULAR

Valid Until 4/3/26

### ON-SITE

Valid After 4/3/26

NAPA Member, Advisor	\$930	\$1,030	\$1,130
NAPA Member, Non-Advisor	\$1,100	\$1,200	\$1,300
Non-Member, Advisor	\$1,475	\$1,575	\$1,675
Non-Member, Non-Advisor	\$6,875	\$6,975	\$7,075

## GROUP REGISTRATION

Name:

Title:

Email:

CRD# (if applicable):

Company:

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