



NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

**A Virtual Experience
September 1-3, 2020**

YES - Sign me up for NS3!

Attendee Type	Early Bird (Ends 8/17/20)	Regular (Starts 08/18/20)
---------------	------------------------------	------------------------------

Full Conference	<input checked="" type="radio"/> \$499	<input type="radio"/> \$549
------------------------	---	-----------------------------

We are going virtual with NS3 2020! Same great conference, from the comfort of your home or office.

TO REGISTER ADDITIONAL ATTENDEES SEE PAGE TWO*

REGISTRATION OPTIONS:

WEB NS3TheSummit.com
 CALL 330.659.6101 x 806
 FAX 330.659.6102
 MAIL October Research, LLC
 3046 Brecksville Rd, Ste D
 Richfield, OH 44286

ATTENDEE #1 CONTACT INFORMATION

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 E-mail: _____
 (Required to receive conference agenda updates and surveys)

“The NS3 Summit helps me prepare for the future and add value to my company business plan.”

- NS3 ATTENDEE

PAYMENT INFORMATION

Visa American Express Mastercard Discover Check enclosed (Payable to October Research, LLC)

Billing address on credit card (Required only if different than above address)

Address: _____
 City: _____ State: _____ Zip Code: _____
 Name on card: _____
 Account number: _____ Exp: _____ CVV number: _____
 Signature: _____



I give my permission for my name and/or photo to appear in October Research, LLC. publications, websites and/or media kits while I attend the NS3 conference.

WEB

ATTENDEE #2 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #3 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #4 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #5 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)