

NAC2024 Conference & Expo Attendee Registration

Company Information / Attend	lee Information				
Company Name:					
Attendee Name:		Title:			
Address:					
City:			Country:		
Phone:	E-Mail Ad	E-Mail Address:			
Website:					
* Please include name, title, and co			yard at the event.		
Current Member of NAC? ☐ Yes	☐ No Current Members car	n also pay their dues at ti	his time with the attached form!		
CONFERENCE PASS IN	CITIDES FIIIT ENTRA	ΝζΕ ΤΩ: ΕΧΡΩ ΗΔΙ	I AND ALL SEMINARS		

CONFERENCE PASS INCLUDES FULL ENTRANCE TO: EXPO HALL AND ALL SEMINARS, WORKSHOPS, and RECEPTION/MEAL EVENTS!

First Time Attendee / New NAC Member Special Discount Package ONLY for ATM Operators & ISOs

**Package is ONLY available to ATM ISOs and Operators who are either (a) joining as a 1st time NAC Member or (b) attending a NAC annual conference for the first time.

Includes FULL NAC2024 Conference Pass, 1 Full Year NAC Membership, & 1 New Member/First Time Attendee Swag Bag.

\$450 (through July 31, 2024) /

\$525 (beginning August 1, 2024)

Registration Options	MEMBER	NON-MEMBER
Early Bird Discount Registration (Available through July 31, 2024. ONLY for ISOs & ATM	\$475	\$525
Operators)		

Registration Options (cont.)	MEMBER	NON-MEMBER
Conference Registration (Available through October 30, 2024, for ATM Operators & ISOs and Non-Sponsor/Exhibitor Vendors)	\$950	\$1250
Sponsor – Customer Discount Registration (Available beginning August 1, 2024, ONLY for ATM ISOs & Operators who are Customers of NAC2024 Sponsors) Sponsor Name:	\$525	\$575
Spouse/Immediate Family Registration	\$295	\$325

By registering for NAC2024, you are agreeing to abide by NAC2024 Event Policies, available for view/download at https://www.natmc.org/events. You are also agreeing to allow NAC to use any photos or videos of you or those you register taken or recorded at NAC2024 for any and all marketing or communication purposes.

		Email Address	S:
Title:	Phone:		_Company:
Attendee #3:		Email Address	s:
			Company:
Attandas #4:		Email Address	
Title:			s: _Company:
			s: _Company:
Please include name, title, a	and company name as y	ou prefer it to app	ear on your name badge at the event.
Payment Information			
Payment Method: ☐ Cash	n 🗆 Check 🗀 0	Credit Card	
Total Amount Due:			
	_	_	¢
NAC2024 Attendee Registration(s) Ar	mount NAC Membership	Dues (if applicable)	Total Amount Paid/Authorized
Payment by Check or C	ash		
Please make your check pay	able to: The National ATM	1 Council Inc	
, , ,			
Please mail to: The National A	TM Council, Inc. • 9802-12	Baymeadows Rd. #1	96 ● Jacksonville, FL 32256.
You may also scan/email your	completed registration forn	n to: <u>nacevents@nat</u>	mc.org or fax to: (904) 425-6010.
		n to: <u>nacevents@nat</u>	mc.org or fax to: (904) 425-6010.
		n to: <u>nacevents@nat</u>	mc.org or fax to: (904) 425-6010.
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Payment by Credit Card Please fill out the credit card pay You may also fax your complete The National ATM Council, Inc Cardholder Signature Credit Card: Name as it Appears on Card Credit Card Number:	yment information below a ed registration to NAC at (. ● 9802-12 Baymeadows a □ MasterCard □ :	nd email your compl 904) 425-6010 or M Rd. #196 ● Jackson Discover □ Ame	eted registration form to nacevents@natmc.org . ail to: ville, FL 32256.

NAC2024 - ATTENDEE COVID-19 PANDEMIC WAIVER & RELEASE:

Despite everyone's very best efforts, some degree of risk may still exist in the context of a large indoor gathering such as NAC2024 to the extent COVID-19 pandemic conditions persist at the time of the Event. In this regard, by attending NAC2024, each Attendee acknowledges and agrees on his/her own behalf and on behalf of Attendee's personnel, contractor(s), and family member(s) at the Event, to accept and assume all health and safety related risks or consequences associated with a potential or actual exposure to COVID-19, including its variants, while in attendance at the NAC2024 Conference & Expo. Such acknowledgement and agreement by Attendee also constitute an express waiver and release of NAC, its officers, directors, and contracted staff from any and all COVID-19 related liability or damages.

CANCELLATION / REFUND / SUBSTITUTION POLICY

Written notice of attendee cancellation received by NAC on or before September 30, 2024, will result in a refund of fees paid less a \$50 processing fee. Please submit any cancellation requests to nacevents@natmc.org. PLEASE NOTE: No refunds will be provided for attendee cancellations received after September 30, 2024. On-site no-shows are non-refundable.

Substitutions are encouraged and should be submitted to nacevents@natmc.org. Please include the original attendee's name and the substitute's full contact information (name, title, company, address, phone #, and email address). No-shows are non-refundable. Please provide substitution requests to NAC headquarters by email or phone prior to October 23, 2024. After that date, substitutions will be processed on-site at the NAC 2024 event.

Have questions? - Please call NAC at (904) 683-6533 or email nacevents@natmc.org

Discounted Hotel Group Room Rates Available Through Friday, October 11, 2024. (Supply is Limited)

Interested in Joining NAC?

Please complete the attached NAC membership application and submit along with this NAC2024 registration application and your total payment amount.



NAC2024 – NAC Membership Application Form THE NATIONAL ATM COUNCIL, INC.

Representing US Independent ATM Providers, Processors & Vendors/Suppliers

Compa	any Name:					
Mailing	g Address:					
City: _		State:	Zip Co	ode:		
Phone	: (Office)		(Cell) _			
Email:				Fax	x:	
Compa	any Website:					
Alt. Co	ntact & Email Address	: <u> </u>				
3ignat	ure:			Date	of Application:/	1
М	EMBERSHIP DUES					
	ATM Operator – Affiliate (1-10 A	ATMs)			\$100	/year
	ATM Operator – Affiliate (11-50	ATMs)			\$300	/year
	ATM Operator – Affiliate (51+ A	TMs)			\$1.50 per ATM *(Max \$350/	
	ATM Operator (Registered ISO)			\$1,400/year or \$350/q	uarter
	Vendor/Supplier* **[NAC ISO & ATM Operator				\$750 ship	/year**
Inc	licate Payment Method:					
	PAYMENT BY CHECK: Please application to address below		ecks payable to: The N	ational ATM Co	uncil, Inc. and mail with complete	d
	PAYMENT BY CREDIT CARD (As entered on Registration Form.): Please fill out the credit card information below (only if different from Registration Form card information) and mail, email, or fax completed application to the address below. If preferred, you may also submit credit card information by phone to NAC at 904-683-6533.					
	Credit Card Information:	☐ Discover	☐ MasterCard	□ Visa	☐ AMEX	
	Cardholder Signature:					
	Name as it Appears on Card	(Please Print):				
	Credit Card Number:				Exp Date:	
1	Dilling Addrson (if different f	rom registration ad	dress):			

The National ATM Council, Inc. 9802-12 Baymeadows Road, #196 ● Jacksonville, FL 32256

Fax: (904) 425-6010 • Association E-Mail: nacevents@natmc.org
Have questions or need more information, please call NAC HQ: (904) 683-6533