



NAC2024 Conference & Expo Attendee Registration

Company Information / Attendee Information

Company Name: _____

Attendee Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ E-Mail Address: _____

Website: _____

*** Please include name, title, and company name as you prefer it to appear on your lanyard at the event.**

Current Member of NAC? Yes No *Current Members can also pay their dues at this time with the attached form!*

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**

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

\$525* (beginning August 15, 2024)

*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.

Conference Pass	MEMBER	NON-MEMBER
Conference Registration (Available through October 30, 2024, for ATM Operators & ISOs and Non-Sponsor/Exhibitor Vendors)	\$950	\$1250

Conference Pass	MEMBER	NON-MEMBER
Sponsor – Customer Discount Registration (Available beginning August 15, 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.		

Additional Conference Attendees

Attendee #2: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #3: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #4: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #5: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

***Please include name, title, and company name as you prefer it to appear on your name badge at the event.**

Payment Information

Payment Method: Cash Check Credit Card

Total Amount Due:

_____ + _____ = \$ _____
NAC2024 Attendee Registration(s) Amount NAC Membership Dues (if applicable) Total Amount Paid/Authorized

Payment by Check or Cash

Please make your check payable to: The National ATM Council, Inc.

Please mail to: The National ATM Council, Inc. • 9802-12 Baymeadows Rd. #196 • Jacksonville, FL 32256.

You may also scan/email your completed registration form to: nacevents@natmc.org or fax to: (904) 425-6010.

Payment by Credit Card

Please fill out the credit card payment information below and email your completed registration form to nacevents@natmc.org.

You may also fax your completed registration to NAC at (904) 425-6010 or Mail to:

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

Cardholder Signature _____

Credit Card: Visa MasterCard Discover American Express

Name as it Appears on Card: _____ Expiration Date: _____

Credit Card Number: _____

Billing Address (if different from registration address): _____

If you prefer to provide your credit card information by phone, please check the box below and call NAC at the number shown after faxing or emailing registration form.

Will submit credit card information by phone. (Call NAC at 904-683-6533.)

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 NAC2024 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 or as long as the Group Room Block inventory remains available (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

Company Name: _____

Your Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Office) _____ (Cell) _____

Email: _____ Fax: _____

Company Website: _____

Alt. Contact & Email Address: _____

Signature: _____ Date of Application: ____ / ____ / ____

MEMBERSHIP DUES

- ATM Operator – Affiliate (1-10 ATMs)..... \$100/year
- ATM Operator – Affiliate (11-50 ATMs)..... \$300/year
- ATM Operator – Affiliate (51+ ATMs) \$1.50 per ATM/quarter*
*(Max \$350/quarter)
- ATM Operator (Registered ISO)..... \$1,400/year or \$350/quarter
- Vendor/Supplier \$750/year**
**[NAC ISO & ATM Operator Members Pay Only \$375 (50% Off) to add a Vendor Membership

Indicate Payment Method:

- PAYMENT BY CHECK:** Please make your dues checks payable to: The National ATM Council, Inc. and mail with completed application to address below.
- 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: _____

Billing Address (if different from registration address): _____

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

WELCOME TO NAC – THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!