

# NCA ELITE SDVOB/DVBE LEGAL SEMINAR LUNCHEON REGISTRATION FORM

(Please Print)

| Today's Date: 9/5/2008                            |                                 |                                      | NCA ELITE MEMBER: (circle) YES NO REGION: |                                |                                                                                         |                        |
|---------------------------------------------------|---------------------------------|--------------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|------------------------|
| ATTENDEE INFORMATION                              |                                 |                                      |                                           |                                |                                                                                         |                        |
| Last name: _____                                  |                                 | First: _____                         | Middle: _____                             | <input type="checkbox"/> Mr.   | <input type="checkbox"/> Miss                                                           | HOW MANY IN ATTENDANCE |
|                                                   |                                 |                                      |                                           | <input type="checkbox"/> Mrs.  | <input type="checkbox"/> Ms.                                                            |                        |
| Street address:                                   |                                 |                                      |                                           |                                | Home phone no.:<br>( )                                                                  |                        |
| VERIFIED SDVOSB <input type="checkbox"/>          | City:                           |                                      | State:                                    |                                | ZIP Code:                                                                               |                        |
| CERTIFIED W/STATE <input type="checkbox"/>        |                                 |                                      |                                           |                                |                                                                                         |                        |
| BUSINESS NAME:                                    | PRIMARY NAICS:                  |                                      |                                           | Business phone no.:<br>( )     |                                                                                         |                        |
| How did you hear about event? (Please check box): |                                 |                                      | Word of Mouth <input type="checkbox"/>    |                                | Attended other Elite Events<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| <input type="checkbox"/> Family                   | <input type="checkbox"/> Friend | <input type="checkbox"/> Email Blast | <input type="checkbox"/> Yellow Pages     | <input type="checkbox"/> Other |                                                                                         |                        |

| PLEASE SEND PAYMENT BY SEPTEMBER 15TH                                                          |  |                                                                                                 |                        |                        |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|------------------------|------------------------|
| <b>NCA ELITE CORPORATE ADDRESS:</b><br>5654 Owens Dr #101,<br>Pleasanton, CA 94588             |  | <b>Payments must be received in our office by the 15<sup>th</sup> if mailed – no exceptions</b> | Home phone no.:<br>( ) | Work phone no.:<br>( ) |
| WOULD YOU LIKE TO BE A SPONSOR? YES <input type="checkbox"/> HOW MANY <input type="checkbox"/> |  |                                                                                                 |                        |                        |
| Date _____                                                                                     |  |                                                                                                 |                        |                        |