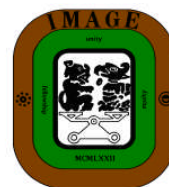




**2008 NATIONAL IMAGE INC.
TRAINING CONFERENCE & EXPOSITION**

*April 14, 2007 — April 18, 2007
South Point Hotel and Resort, Las Vegas, NV*



CONFERENCE REGISTRATION FORM Mail Completed Form and Payment to: NATIONAL IMAGE Training Conference and Exposition 2007 PO Box 1368, Bonita, CA 91908 Visit Our Web Site: http://www.nationalimageinc.org		
For Information Please Call the Conference Office At: 619-934-5277 Completed Form Can Be Faxed To: (858) 495-7682 or (208) 460-5623		
REGISTRANT'S HOME PHONE:	NAT'L IMAGE MEMBER?: NO YES Chapter ID:	
REGISTRANT'S NAME: (Last)	(First)	(MI)
JOB/POSITION/TITLE:		
AGENCY/COMPANY/ORGANIZATION:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
WORK PHONE:	EXT:	FAX No.:
EMAIL ADDRESS:		
REGISTRATION CATEGORY (Please Check Appropriate Box)		
EARLY Conference Registration (Postmarked on/before February 14 th , 2008)		\$600.00
EARLY Conference Registration (Postmarked on/before March 14 th , 2008)		\$650.00
LATE & Onsite Conference Registration (Postmarked after March 14 th , 2008)		\$675.00
CANCELLATION POLICY Cancellation request for registration and tickets must be received by 01 March 2008; no refunds requests or substitutions will be accepted after this date. All registration cancellations are subject to a US \$50.00 service fee. All cancellation requests must be submitted in writing to "National Image Inc., by FAX (858) 495-7682. Phone cancellations will not be accepted. National Image Inc., will refund registration and ticket fees if the 2008 National Image Inc., Training Conference and Exposition is canceled, but takes no responsibility for travel or other related costs incurred by National Image Inc. members and their guests. Registration and tickets are nontransferable.		
METHOD OF PAYMENT (Please select the appropriate box)		
CREDIT CARD: VISA Master Card		Certified Check/Money Order Enclosed Cash (On-site payment only)
Number:	Exp.	
PLEASE SIGN: _____		PLEASE NOTE, REGISTRATION DEADLINE April 14th, 2008
DATE: ____/____/____		
REGISTRATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE		
CONFERENCE USE ONLY		
Payment by: (Check one)	Date Received: ____ / ____ / ____	Amount: \$
Certified Check or Money Order No.	PO/Auth. No.	Invoice No.:
Receipt No.	Items Received: Event Tickets	Name Tag Registration Packet
THIS FORM CAN BE REPRODUCED		

“From Heritage to New horizons”