

## NASL 25<sup>th</sup> Annual Meeting

October 5-7, 2014 Gaylord National Hotel & Convention Center Washington, DC

## **REGISTRATION**

Name:		
Company: _		
Address:		
City:	State: Zip:	
Phone:	E-Mail:	
NASL Regis	istration: □NASL Member (\$575) □Non- Member (\$1150) □AHCA Exhib	itor (\$575)
Additional (	<b>Options</b> : (These events are to be purchased separately and are not part of your i.)	NASL
	NASL/AHCA Symposium on Rehabilitation Therapy - Sunday, October 5, 8am 95 with your NASL registration)	1-5pm
□ <b>E</b>	Expo Hall - Please indicate which day(s) you would like to attend (\$80 per day)	
	☐ Monday, October 6 (\$80) ☐ Tuesday, October 7 (\$80)	
Total Due	\$ □Visa □MC □AmEx □Check	
Card #	Exp Date:	
Name (as it	t appears on card):	
Signature: _		
Mail to:	NASL 1050 17 <sup>th</sup> Street NW, Suite 500 Washington, DC 20036-5558	

Please complete the reverse side.

Answer the following questions to be part of the special NASL 25th Anniversary Edition of Who's Who
1. How long have you been involved in NASL?
2. How were you first introduced to NASL?
3. What was the hot button issue when you joined NASL? How was it resolved, or was it?
4. What is the best thing that's come from your relationship with NASL?
5. What was your favorite NASL social event? Why?
Don't forget to send your updated photo to <u>lauradic@nasl.org</u> for inclusion in the booklet!