

# Crittenden National Conference Registration

*For multiple registrations, please photocopy and submit a separate form for each individual.*

Name \_\_\_\_\_  
Badge Name \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate session numbers	Hour 1 - 9:00 am	# _____	Hour 5 - 9:00 am	# _____
	Hour 2 - 10:45 am	# _____	Hour 6 - 10:15 am	# _____
	Hour 3 - 1:30 pm	# _____	Hour 7 - 11:30 am	# _____
	Hour 4 - 2:45 pm	# _____		

## Registration Packages

### The Grand Slam

\$695.00

If you plan to attend the conference alone, without any other associates from your company, you must register for the Grand Slam.

### The Home Run

\$595.00

If you and an associate from the same company plan to attend the conference, the first person must register for the Grand Slam and the second person must register for the Home Run.

Name of associate already registered: \_\_\_\_\_

### The Double

\$495.00

If there are three people from the same company attending the conference, the first person must register for the Grand Slam, the second person must register for the Home Run and the third person must register for the Double. If your group has more than three people attending the conference (i.e. fourth, fifth, sixth person, etc.), they may also register for the Double.

Name of second associate already registered: \_\_\_\_\_

### Total Amount Due

\$ \_\_\_\_\_

Make Checks Payable To: Crittenden Conferences, Inc.  
3990 Old Town Ave., Suite C300, San Diego, CA 92110

Phone: 619-393-1874

Fax: 619-374-1979

Check Enclosed

Or Charge my: Visa

American Express

Send Invoice

MasterCard

Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Refund Policy: If we receive written cancellation by March 25th, we will refund your registration fee in full. If we receive written cancellation after March 25th, but before April 25th, you will receive a credit equal to your fee. If you cannot attend, we recommend you send a representative in your place. Please contact the Crittenden Conferences office at 619-393-1874, if you plan to send a substitute.

### To Register

**By Fax:** Complete the entire registration form and fax the form to 619-374-1979

**By Mail:** Complete the entire registration form and mail to:  
Crittenden Conferences, Inc.  
3990 Old Town Ave. Suite C300, San Diego, CA 92110

**Online:** [www.CrittendenNational.com](http://www.CrittendenNational.com)

### Hotel Accommodations

For your convenience, a block of rooms have been reserved at the Hard Rock Hotel & Casino, Las Vegas. Please call the hotel directly at 1-800-473-7625 to make your specific arrangements. Remember to mention that you are attending the Crittenden Conference, to obtain the discounted rate.

**Rate:** \$126.00 Single/Double occupancy per room per, night

**Deadline:** To receive the discounted rate you must reserve your room by April 5th

**Email Code:** \_\_\_\_\_ You may find this code at the bottom of the email you recieved from Crittenden Conferences