

2007 Committee Days



November 7–8, 2007
L'Enfant Plaza Hotel
Washington, D.C.



I plan on attending the following meetings:

- | | |
|---|--|
| <input type="checkbox"/> 2008 Convention Committee* | <input type="checkbox"/> Marketing & Outreach Subcommittee
(Foundation Supporters Only) |
| <input type="checkbox"/> Associates Committee | <input type="checkbox"/> Membership Committee* |
| <input type="checkbox"/> Board of Directors Meeting* | <input type="checkbox"/> Merit Contractors Committee |
| <input type="checkbox"/> Council of Committees* | <input type="checkbox"/> Technical Information Committee |
| <input type="checkbox"/> Distributor/Fabricator Committee | <input type="checkbox"/> Union Contractors Committee |
| <input type="checkbox"/> Executive Committee* | <input type="checkbox"/> Website Committee |
| <input type="checkbox"/> Foundation Steering Committee* | |
| <input type="checkbox"/> Health & Safety Committee | |
| <input type="checkbox"/> Insurance Task Force | |

* Indicates a closed meeting.

**PLEASE RETURN THIS FORM TO NIA NO LATER THAN
OCTOBER 22, 2007, BY FAX TO 703-549-4838, OR REGISTER ONLINE AT
WWW.INSULATION.ORG/COMMITTEEDAYS/07**

Member Name: _____ Company Name: _____

Member 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Country: _____ E-mail: _____

(If you are bringing a spouse, please provide his/her name, as you want it to appear on the name badge.)

Spouse name: _____

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I will be attending the networking reception. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | My spouse will attend the networking reception. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I will be attending the Industry Luncheon <i>(included in my member registration fee)</i> . |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | My spouse will be attending the Industry Luncheon <i>(at an additional \$35 charge)</i> . |

____ (Qty.) Member Registration Fee at \$90 each

____ (Qty.) Additional lunch tickets (for spouses/guests) at \$35 each

_____ TOTAL Cost

PAYMENT METHOD:

- Visa MasterCard American Express Company Check

Card Number: _____ Exp. Date: _____