

2008 Committee Days



November 5–6, 2008
Westin Alexandria
Alexandria, VA



I will attend the following meetings:

- | | |
|---|--|
| <input type="checkbox"/> 2009 Convention Committee* | <input type="checkbox"/> Long Range Planning Committee* |
| <input type="checkbox"/> Associates Committee | <input type="checkbox"/> Marketing & Outreach Subcommittee
(Foundation Supporters Only) |
| <input type="checkbox"/> Board of Directors Meeting* | <input type="checkbox"/> Membership Committee* |
| <input type="checkbox"/> Council of Committees* | <input type="checkbox"/> Merit Contractors Committee |
| <input type="checkbox"/> Distributor/Fabricator Committee | <input type="checkbox"/> Technical Information Committee |
| <input type="checkbox"/> Executive Committee* | <input type="checkbox"/> Union Contractors Committee |
| <input type="checkbox"/> Foundation Steering Committee* | <input type="checkbox"/> Website 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 17, 2008 BY FAX, 703-549-4838, OR REGISTER ONLINE AT
WWW.INSULATION.ORG/COMMITTEEDAYS/08**

Member First Name: _____ Member Last Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Country: _____ E-mail: _____

(If you are bringing a spouse to the luncheon, 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 attend 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 attend the Industry Luncheon. <i>(Included in my member registration fee)</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My spouse will attend the Industry Luncheon. <i>(At an additional \$35 charge.)</i> |

____ (Qty.) Member Registrations Fee @ \$90 each
____ (Qty.) Additional lunch tickets (for spouses/guests) @ \$35.00 each

_____ TOTAL Cost

PAYMENT METHOD:

- Visa MasterCard Amex Check

Card Number: _____ Exp. Date: _____

Signature: _____ Phone: _____

All cancellations must be made in writing to NIA by emailing events@insulation.org or faxed to 703.549.4838. Refund requests will be disbursed in the following manner: requests received by October 17 will receive a full refund; requests received between October 18 and October 24 will receive a 50% refund; and, all requests received after October 24 will receive no refund. Please note all refunds will be processed after Committee Days.