



June 18-20, 2019 | Phoenix, AZ

NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

NS3...At The Center

YES - Sign me up for the Summit!

Attendee Type	Early Bird (Ends 3/31/19)	On-Site
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Full Conference	\$899	\$1079
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(Registration Includes Opening Night Reception on 6/18 & Networking Reception on 6/19)

TO REGISTER ADDITIONAL ATTENDEES SEE PAGE TWO*

REGISTRATION OPTIONS:

WEB OctoberStore.com
CALL 330.659.6101 x 806
FAX 330.659.6102
MAIL October Research, LLC
 3046 Brecksville Rd, Ste D
 Richfield, OH 44286

ATTENDEE #1 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

PAYMENT INFORMATION

Visa American Express Mastercard Discover Check enclosed (Payable to October Research, LLC)

Billing address on credit card (Required only if different than above address)

Address: _____

City: _____ State: _____ Zip Code: _____

Name on card: _____

Account number: _____ Exp: _____ CCV number: _____

Signature: _____

CCV are the last 3 digits printed over the signature on the back of your card. American Express cards show the 4-digit CCV printed above and to the right of the imprinted card number on the front of the card.

“NS3 was an excellent combination of education and networking — high quality interaction between attendees and sponsors and the most industry-specific show I’ve attended for title and settlement professionals.”

- 2018 ATTENDEE



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KNOWLEDGE...
THE COMPETITIVE ADVANTAGE

WEB

ATTENDEE #2 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #3 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #4 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #5 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)