



June 18-20, 2019 | Phoenix, AZ

# NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

NS3...At The Center

**YES - Sign me up for the Summit!**

| Attendee Type | Regular<br>(Ends 6/17/19) | On-Site |
|---------------|---------------------------|---------|
|---------------|---------------------------|---------|

|                        |              |        |
|------------------------|--------------|--------|
| <b>Full Conference</b> | <b>\$969</b> | \$1079 |
|------------------------|--------------|--------|

*(Registration Includes Opening Night Reception and Networking Nightcap on 6/18 & Networking Reception on 6/19)*

Discount available for groups of 3 or more - Call 330-659-6101 x 305 for details

TO REGISTER ADDITIONAL ATTENDEES SEE PAGE TWO\*

## 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.*

## 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

*"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



OCTOBER  
RESEARCH  
LLC

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)*