NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

May 19 – 21, 2026 | Kansas City, MO

☑ YES - Sign me up for NS3!

Attendee Type	Super Early Bird (Ends 12/31)	On-Site
Full Conference	◉ $949	○ $1199

(Registration Includes All Networking Events)

ATTENDEE 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)

"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."

- NS3 ATTENDEE

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: _____   CVV number: _____

Signature: _____

OCTOBER RESEARCH LLC
KNOWLEDGE...
THE COMPETITIVE ADVANTAGE

I give my permission for my name and/or photo to appear in October Research, LLC. publications, websites and/or media kits while they attend the NS3 conference.

To maximize your NS3 experience, you agree to have your contact information (name, title, company and state) shared with the sponsors. Please contact CustomerService@OctoberResearch.com if you prefer not to share your information.

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)