



NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

May 19 – 21, 2026 | Kansas City, MO

☒ **YES - Sign me up for NS3!**

Attendee Type	Early Bird (Ends 3/13)	On-Site
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Full Conference

☒ **\$999**

☐ \$1199

(Registration Includes All Networking Events)

REGISTRATION OPTIONS:

WEB NS3TheSummit.com
CALL 330.659.6101 x 806
MAIL October Research, LLC
3046 Brecksville Rd, Ste D
Richfield, OH 44286

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)

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: _____

"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



OCTOBER RESEARCH KNOWLEDGE...
THE COMPETITIVE ADVANTAGE
LLC

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)