BUSINESS APPOINTMENT CENTER RESERVATION FORM



October 11-14, 2020 Las Vegas, NV

RESERVATION	INFORMATIC	N				
CONTACT NAME			COMPANY NAME (COMPANY NAME (as you wish to be listed)		
MAILING ADDRESS						
CITY	STATE	ZI	P/POSTAL CODE	COUNTRY	,	
PHONE NUMBER EX	EXT FAX NUMBER EMAIL ADDRESS		NAC	NACS SHOW EXHIBIT BOOTH NO.		
Please list your t	op three choic	es for your ro	om reservations b	elow.		
st Choice	2 nd Choice	3 rd Choice			Questions? Please contact Jessica Rowe at NACS at <u>irowe@convenience.org</u>	
Competitors or companies you wish to be separated from:					or (703) 518-4289.	
Please indicate t the total cost for	r each 3-day ro	om reservatio	n.			
	Small room(s)	- seats 6	@ \$1,800 = _			
	Medium room(@ \$3,300 = _	@ \$3,300 =			
	Large room(s)	- seats 24	@ \$6,300 = _			
	Extra Large roo	om(s) – seats 3	6 @ \$8,500 = .			
		TOTAL AMO	OUNT DUE: \$			
PAYMENT INFO	DRMATION				REMITTANCE	
AMERICAN EXPRESS	VISA	MASTERCARD	Check payable to (U.S. funds drawn on U		SUBMIT FORM VIA EMAIL:	
CREDIT CARD NUMBER		EXP DATE	BILLING ZIP CODE CVV	•	irowe@convenience.org	
CARDHOLDER NAME		 ARDHOLDER SIGNATUR			SUBMIT FORM VIA FAX: (571) 483-8702	
Cancellation policy for Business Appointment Centers: Cancellations must be submitted in writing by August 12, 2020 for a refund minus a 25% cancellation fee. Cancellations made after the deadline, are subject to full payment. *The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetic errors as well as all per event costs, based on the events chosen and your company's current membership or buyer status with the National Association of Convenience Stores (NACS) at the time of this event. Moreover, the signatory specifically authorizes NACS to charge any such amounts to the credit card referenced on this form.					MAIL FORM W/PAYMENT: NACS 1600 Duke Street, 7 th floor Alexandria, VA 22314	