



NAC2020-VIRTUAL Conference & Expo Attendee Registration

Company Information / Attendee Information

Company Name: _____

Attendee Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ E-Mail Address: _____

Website: _____

Current Member of NAC? Yes No Send me information about Joining NAC? Yes

I would like to join NAC now: Yes [Please complete the attached New Member application.]

Yes, please keep me updated with NAC news and alerts via text/SMS to my mobile number. I understand standard message and data rates may apply (Approximately 2 messages per month). Mobile Number: _____

Conference Pass

MEMBER

NON-MEMBER

NAC2020-VIRTUAL All-Access Pass
(ATM Operators and ISOs)

\$0

\$99

By registering for NAC2020-VIRTUAL, you are agreeing to abide by NAC event policies which you can view/download at <https://www.nacevents.com/attendee-policies>. You also are agreeing to allow NAC to use your image in any photos or videos taken or recorded at NAC2020 for any and all NAC marketing purposes.

Additional Conference Attendees

Attendee #2: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #3: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #4: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #5: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Attendee #6: _____ Email Address: _____

Title: _____ Phone: _____ Company: _____

Payment Information

Payment Method: Check Credit Card

Total Amount Due:

_____ + _____ = \$ _____
Attendee Registration(s) Amount NAC Membership Dues (if applicable) Total Amount Paid/Authorized

Payment by Check

Please make your check payable to: The National ATM Council, Inc.

Please mail to: The National ATM Council, Inc. • 9802-12 Baymeadows Rd. #196 • Jacksonville, FL 32256.

You may also scan/email your completed registration form to: nacevents@natmc.org or fax to: (904) 425-6010.

Payment by Credit Card

Please fill out the credit card payment information below and email your completed registration form to nacevents@natmc.org.

You may also fax your completed registration to NAC at (904) 425-6010 or Mail to:
The National ATM Council, Inc. • 9802-12 Baymeadows Rd. #196 • Jacksonville, FL 32256.

Cardholder Signature: _____

Credit Card: Visa MasterCard Discover

Name as it Appears on Card: _____ Expiration Date: _____

Credit Card Number: _____

Billing Address (if different from registration address): _____

If you prefer to provide your credit card information by phone, please check the box below and call NAC at the number shown.

Will submit credit card information by phone. (Call NAC at 904-683-6533.)

Have questions? – Please call NAC at (904) 683-6533

Interested in Joining NAC?

Please complete the attached NAC membership application and submit along with this NAC2020-VIRTUAL registration application and your total payment amount.



THE NATIONAL ATM COUNCIL, INC.

Representing US Independent ATM Providers, Processors & Vendors/Suppliers

Company Name: _____

Your Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Office) _____ (Cell) _____

Email Address: _____ Fax: _____

Company Website: _____

Alt. Contact & Email Address: _____

Signature: _____ Date of Application: ____/____/____

Yes, please keep me updated with NAC news and Member alerts via text/SMS to my mobile number. I understand standard message and data rates may apply (Approximately 2 messages per month).

MEMBERSHIP DUES

- ATM Operator – Affiliate (0-10 ATMs)..... \$100/year
- ATM Operator – Affiliate (11-50 ATMs)..... \$300/year
- ATM Operator – Affiliate) (51+ ATMs).....\$1.50 per ATM/quarter*
*[Per Quarter Maximum: \$350]
- ATM Operator (Registered ISO)..... \$1,400/year
- Vendor/Supplier..... \$750/year**
**[50% Discount for NAC ISO/Affiliate Members]

PAYMENT BY CHECK: Please make your dues checks payable to: The National ATM Council, Inc. and mail with completed application to address below.

PAYMENT BY CREDIT CARD: Please fill out the credit card information below and mail, email, or fax completed application to the address below. You may also submit credit card information by phone to NAC at 904-683-6533.

Credit Card Information: Discover MasterCard Visa

Cardholder Signature: _____
Name as it Appears on Card (Please Print): _____

Credit Card Number: _____ Exp Date: _____
Billing Address (if different from registration address): _____

The National ATM Council, Inc.
9802-12 Baymeadows Road, #196 • Jacksonville, FL 32256
Fax: (904) 425-6010 • Association E-Mail: mail@natmc.org
Have questions or need more information, please contact: Bruce Renard, Executive Director
(904) 683-6533 O | (904) 710-3522 M | bruce@natmc.org

WELCOME TO NAC – THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!

The National ATM Council, Inc. * **NAC2020** Conference & Expo * October 27-29, 2020 * Las Vegas, NV