

4th Annual
**NFA Government
 Relations Summit**

SEPTEMBER 9-10, 2009 HYATT REGENCY WASHINGTON, D.C.

Tentative Agenda

Wednesday, September 9, 2009 (Business Attire)

- General Session
- Introduction of Key Legislative Issues
- Welcome Reception in Exhibit Hall

Thursday, September 10, 2009 (Business Attire)

- Educational Session on Key Legislative Issues
- Meetings with Members of Congress on Capitol Hill
- Gala Dinner

Where to Stay

Hyatt Regency on Capitol Hill
 400 New Jersey Ave. NW
 Washington, D.C. 20001

By Air: Ronald Reagan Washington National Airport
 (10-minute drive to hotel)

Dulles Airport (45-minute drive to hotel)

Baltimore Washington International Airport
 (50-minute drive to hotel)

By Train: Amtrak's Union Station (2 blocks from hotel)

By Car: 1 hour from Baltimore, 2 ½ hours
 from Philadelphia, 4 hours from New York

Registration Includes

- Room nights at the Hyatt Regency—Wednesday, September 9 and Thursday, September 10
- Scheduled Meetings with Your Elected Officials on Capitol Hill
- Educational General Sessions
- Event meals and receptions

REGISTRATION

	Early By 5/30/09	Regular By 7/30/09
Primary Registrant	\$1,000 _____	\$1,100 _____
Spouse/Family Member**	\$400 _____	\$400 _____
Day Rate (no hotel room)***	\$300 _____	\$300 _____
Gala Dinner Only	\$150 _____	\$150 _____

Registration Total No refunds \$ _____

*Registrations received after July 30, 2009, CANNOT be guaranteed for available room nights and attendance at all Summit activities.

** Spouse/Family Member must stay in same room as registrant.

*** Home residence must be within 60 miles of Hyatt Regency.

Full Name: _____

Regional Association: _____

Company: _____

Spouse/Family Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Business Fax: _____

Mobile Phone: _____

Email: _____

HOW TO REGISTER

Check

Mail check and registration form to:
 National Franchise Association, Inc.
 ATTN: Government Relations Summit
 1201 Roberts Blvd., Suite 100
 Kennesaw, GA 30144

Credit Card

Complete, sign and fax this registration form to (678) 797-5170

Card Type: VISA MC Am Express

Account Number: _____

Exp Date: _____

Name on Card: _____

Zip Code: _____

Signature: _____

Date: _____

I agree my liability for this purchase is not waived and agree to be held personally liable in the event charges are not paid. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs incurred.