

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
- Exhibit Hall
- Welcome Reception

**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**

- 8x10 Exhibitor Booth
- Registration for 1 attendee
- 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

**EXHIBITOR REGISTRATION**

8x10 Exhibitor Booth	\$3,500 _____
8x10 Booth Non-Member	\$4,500 _____
1st Attendee Registration	Included
2nd Attendee Registration	\$1,000 _____
Add'l Attendee Registration	\$1,000 _____

**Registration Total No refunds \$ \_\_\_\_\_**

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

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

1st Attendee Name: \_\_\_\_\_

2nd Attendee Name: \_\_\_\_\_

Additional Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**HOW TO REGISTER**

**Check**

Mail check and registration form to:  
 National Franchisee 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: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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.