

ADVANCE REGISTRATION FORM

Registration must occur between May 5-10, 2019 in order to receive the special rates. No extensions will be granted.

Name Bad	ge Name
Title Desi	gnation
Organization	
Address	
CityS	tate/Province
Zip/Postal	
Country (if outside US)	
Phone Email	
Are you a member of a Payments Association? Please provide your Mem	ber Discount Code (MDC)
REGISTRATION FEES	
□ Corporate/End-User* — \$995 □ AAP/APRP — \$1,475	5 □ Direct Member** — \$1,495
■ Member/U.S. Federal or International Government — \$1,595	■ Nonmember — \$1,975
PAYMENT INFORMATION ACH/Online Banking UPIC RTN # 021052053, ACCT # 59058945 Company Entry Description: AN20, Last Name, First Initial of Registrant Date of Credit:/	Attn: Accounting Department 2550 Wasser Terrace, Suite 400 Herndon, VA 20171 USA
Signature	must be employed directly by a business, corporate, state/local government, charitable or religious organization, or higher education institution (or enrolled student), that originates and/or receives payments as a client of a financial institution or processor/solution provider.

Cancellation requests will not be accepted via telephone and must be submitted in writing via email to meetings@nacha.org or fax to 703-713-1641. Refunds will be processed for the amount paid minus a \$200 processing fee if the request is received by **February 21, 2020**. NO REFUNDS will be granted after **February 21, 2020**. Please ensure that you are registered at the proper rate and type (i.e. Member/Nonmember, etc.). No refunds for rate adjustments, due to improper selection of registration type, will be made after **April 3, 2020**.

 SIGNATURE:
 DATE: