



**Spring Convention Registration Form
Friday, April 25th and Saturday, April 26th
The Charleston Place**

Registrant Name: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail address: _____
Preferred name for your name tag: _____
Spouse/Guest Attending Meeting: _____

Number attending Friday evening cocktail reception & dinner:

Adults: _____ Children: _____ age _____ age
_____ age _____ age

The registration fees for the Spring 2025 Convention at The Charleston Place are as follows:

1st Attendee – \$1000 Additional Attendees – \$800/ea
Group rate \$449 per night. Group Rate applies 3 days prior and 3 days after meeting dates, upon availability.



Please complete one form per attendee and return along with your registration fee to:

Tammy Kehe
Network Affiliates
940 Wadsworth Blvd., #300
Lakewood, CO 80214
TammyK@netaff.com