



Registrant Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

Is your significant other registering for the meetings? If so, please provide name:

\_\_\_\_\_

**Registration fee for the 2025 Fall Meeting is \$1,250 per attendee.**



**NETWORK  
AFFILIATES**

**800-525-3332    NETAFF.COM**

**MEDIA | DIGITAL | CREATIVE**

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

Kim Croy  
Network Affiliates  
940 Wadsworth Blvd., #300  
Lakewood, CO 80214  
KimC@netaff.com