



NAIOP Southern Nevada
19th Annual Spotlight Awards

NAIOP Southern Nevada – 19th Annual Spotlight Awards
REGISTRATION FORM

SAVE THIS DOCUMENT BEFORE YOU FILL IT OUT

Company Name: _____

Contact Person: _____

Phone Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Please list the guest names:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Please make the following reservation for Saturday, March 12, 2016

Reserve table(s) _____ of 10 (\$1,600 per table of 10)

Reserve seat(s) _____ (\$180 per person)

Reservation, completed guest list and payment is due February 26, 2016.

No Cancellations or Refunds after February 26, 2016.

Reservations may be faxed to (702) 798-8653.

Enclosed is a check for \$ _____

Please charge my:

Visa MasterCard American Express Discover Card (please check one)

Account #: _____

Exp. Date: _____ \$ _____ CVV _____

Signature: _____

Please make checks payable and mail to:

NAIOP Southern Nevada
P.O. Box 96694
Las Vegas, NV 89193-6694

For information, call (702) 798-7194 or fax to (702) 798-8653