



SOUTH FLORIDA NACHI
EDUCATING THE INSPECTION INDUSTRY

RSVP FORM

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN:

BY FAX: 305-371-8100
BY EMAIL: amedina@fl.nachi.org
BY MAIL: SOUTH FLORIDA NACHI
 C/O THE SAME COMPANY
 P.O. BOX 546252
 SURFSIDE, FL 33154

Personal Information (please print or type)

Name		NACHI MEMBER?	YES	NO
Company Name				
City, State, Zip				
Telephone (Company)				
Telephone (Contact)				
Fax				
E-Mail				

Names of Attendees

Attendee 1		NACHI MEMBER?	YES	NO
Company Name				
Attendee 2		NACHI MEMBER?	YES	NO
Company Name				
Attendee 3		NACHI MEMBER?	YES	NO
Company Name				
Attendee 4		NACHI MEMBER?	YES	NO
Company Name				

Dinner Payment Information (\$35.00 per person)

I (we) plan to pay for dinner by:
 ___ cash ___ check ___ credit card ___ other.

Credit card type (MC, V)	
Credit card number	
Expiration date	
Authorized signature	By signing below, I agree to allow NACHI to charge my credit card listed above for the number of attendees that I have listed above.

Please make all checks payable to **NACHI**.