

NEVADA SELF INSURERS ASSOCIATION

September 20, 2019 Education Day

Registration Form

Company Name: _____

Name of person attending (*please fill out form for each attendee*): _____

Telephone #: _____ Email: _____

MEMBER (FREE)

NON-MEMBER (\$35)

Please fill out the Credit Card Authorization Form if paying by credit card or pay via PayPal on our website at www.nvsia.com.

Food Choice:

Chicken

Salmon

Pasta

Please note, the pasta is a vegetarian dish. Additionally, if you do not make a choice, one will be made for you ☺

Seating is limited; please return your registration form as soon as possible in order to hold your spot!

Registration forms must be submitted by September 13, 2019

Please email your completed form to NVSIA@yahoo.com

If you would like to pay by check please mail to:

Nevada Self Insurers Association

P.O. Box 34197

Las Vegas, NV 89133-4197

Please visit our website www.NVSIA.com for more information

Any questions please call:

Kim Forbes 702-325-2720

Edith Bailey 702-577-6395

Kristi Bybee 702-610-8324