

Registration Form

(Return by June 6 to avoid a \$50 charge for daytime seminars and luncheon.)



Name

Company/Organization Name (if applicable)

Title (if applicable)

Address

City

State

Zip

Phone (Area Code/Number)

Fax

E-mail (address is for NAF internal use only.)

Please check off which events you will attend:

I am attending the daytime seminars and exhibits – FREE

(Although the daytime seminars and lunch are FREE, contributions are encouraged and appreciated to offset the costs of the event)

I am a neuropathy patient and will attend the evening Reception & Dinner \$30 per person

I am *NOT* a neuropathy patient and will attend the evening Reception & Dinner \$100 per person

I would like to buy a table of eight for the Reception & Dinner \$1,000

I can not attend but would like to make a contribution to the NAF \$ _____

Payment

Check or Money Order enclosed payable to Neuropathy Action Foundation (NAF).

(Please Mail to _____)

Please charge my credit card for \$ _____ MasterCard® Visa® American Express®

Credit Card Number

Expiration Date

Name As It Appears On Card

Card ID #

(Four digits printed on front of AMEX OR last three numbers on back of Visa or MC)

Signature

Please Mail Your Form and Payment By June 6 To:

Neuropathy Action Foundation

P.O. Box 4412

Auburn, CA 95603

Questions: John Boxberger at (530) 889-5565 or john@neuropathyaction.org

The NAF is a 501(c)(3) tax exempt organization as described under Section 501(c)(3) of the Internal Revenue Code. Your charitable contribution is tax deductible according to limits provided by law. Tax ID # 20-4792248.