



20th Annual NATIONAL SETTLEMENT SERVICES SUMMIT (NS3)

May 21 – 23, 2024 | Naples, FL

YES - Sign me up for NS3!

Attendee Type	Regular (Ends 05/17)	On-Site (05/18 – 05/23)
---------------	-------------------------	----------------------------

Full Conference	<input checked="" type="radio"/> \$1049	<input type="radio"/> \$1199
------------------------	--	------------------------------

(Registration Includes All Networking Events)

TO REGISTER ADDITIONAL ATTENDEES SEE PAGE TWO*

REGISTRATION OPTIONS:

WEB NS3TheSummit.com
CALL 330.659.6101 x 806
FAX 330.659.6102
MAIL October Research, LLC
 3046 Brecksville Rd, Ste D
 Richfield, OH 44286

ATTENDEE #1 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

PAYMENT INFORMATION

Visa American Express Mastercard Discover Check enclosed (Payable to October Research, LLC)

Billing address on credit card (Required only if different than above address)

Address: _____

City: _____ State: _____ Zip Code: _____

Name on card: _____

Account number: _____ Exp: _____ CVV number: _____

Signature: _____

“NS3 was an excellent combination of education and networking — high quality interaction between attendees and sponsors and the most industry-specific show I’ve attended.”

- NS3 ATTENDEE



OCTOBER RESEARCH LLC KNOWLEDGE... THE COMPETITIVE ADVANTAGE

I give my permission for my name and/or photo to appear in October Research, LLC. publications, websites and/or media kits while they attend the NS3 conference.

WEB

ATTENDEE #2 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #3 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #4 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)

ATTENDEE #5 CONTACT INFORMATION

Name: _____ Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

(Required to receive conference agenda updates and surveys)