



# Meal Guest



Would you like your non-registered friend who travels with you to join you for the 3 main meals? NAME welcomes one guest to accompany you to our Opening Luncheon, Saturday evening Banquet and Sunday morning Brunch. Single meal attendance is not available.

You may sign your guest up to attend these meals for \$210.00. This fee is based on what each member pays in meal fees at registration, plus the 23% service fee the hotel is charging us for each meal, the gratuity for the meals, the per capita fee and a badge.

Meal guests are not granted entry into theme luncheons or any other convention activities. Meal Guests are not eligible to receive any committee gifts, door prizes, souvenirs or centerpieces. Your guest will be issued a colored "Meal Guest" badge by the steering committee which must be worn to gain entry to the banquet room and it will be included in your registration packet when you arrive in the registration area in Charleston.

If you wish to include ONE guest, please return or email the completed form below, along with a payment of \$210.00 to the NAME Office no later than **June 1, 2019**. To avoid a \$25 cancellation fee, the cancellation deadline is June 14, 2019.

***Please complete the form below and send to:***

**NAME 2019 National Convention  
PO Box 69  
Carmel, IN 46082  
317-571-8094**

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**Meal Guest**

Registered Attendee Name \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**Meal Guest Name** \_\_\_\_\_

**Special Seating Requirements (such as a walker or wheelchair)** \_\_\_\_\_

Special diet requirements (Circle One) **Diabetic, Gluten Free or Other** \_\_\_\_\_

Participation in table exchanges: I wish to be seated at a table participating in the gift exchanges. By doing so, I am committing to bring a second set of (different than my own) pass around gifts and table exchange gift so that my guest can participate. Yes \_\_\_\_ No. \_\_\_\_