



WALK IN REGISTRATION – BRING THIS WITH YOUR PAYMENT

**WHO'S BUYING IN
STAMFORD?
JUNE 13, 2017**

Name: _____

Company: _____

Email: _____ Phone: _____

Member: \$35 Non-Member: \$55

I will be bringing with me:

Name: _____

Company: _____

Email: _____ Phone: _____

Member: \$35 Non-Member: \$55

Payment:

Credit card # _____ exp: _____

Amount: \$ _____

Signature: _____

Check # _____ Amount: \$ _____

Register online at: www.naiop-ctny.org

Email to: asutton@ssmgt.com Fax to: 860-286-0787, Mail to: NAIOP CT/NY, PO Box 30, Bloomfield, CT 06002