

Attendee Registration Form

16th Annual National Pension and Institutional Investor Summit
Dallas Marriott Quorum Hotel
Dallas, Texas
November 15-16, 2010

Please use one form per registrant. This form may be reproduced. Type or print clearly.

Name _____

Nickname _____

Title _____

Spouse if Attending _____

Name of Public Pension Fund / Corporate Fund / Foundation / Company _____

Address _____

Address _____

City/State/Zip Code _____

Telephone No. _____

Fax No. _____

E-mail Address _____

Child/Guest Name _____

SUMMIT REGISTRATION

Mark the appropriate category(s)

- Pension Fund (Corporate & Public) and foundation executives, trustees and administrative staff only.....\$ *no fee*
- Summit Registration Fee for Others.....\$1,800
- I will attend the Monday night (Nov. 15) Reception.
- I will attend the Tuesday (Nov. 16) Luncheon.
- I will attend the Tuesday night (Nov. 16) Reception.

HOTEL RESERVATIONS

Please contact the **Dallas Marriott Quorum** \$165 (972-661-2800). Convention rates: Single/double per night.

Register Online Go To [Dallas Quorum Marriott Registration](#).

METHOD OF PAYMENT

- Enclosed is my check.
- Or*
- Please charge my credit card:
 - VISA
 - MasterCard
 - American Express
 - Discover

Credit Card No. _____

Expiration Date _____

Name on Card _____

Signature _____

Return this completed form to:
National Society of Institutional
Investment Professionals
P.O. Box 572796
Houston, Texas 77257-2796
(713) 829 - 3465
Fax: 1 - 866 - 910 - 2109
nsiip@att.net