



EVENT OWNER REGISTRATION FORM

Appointments in the NASC Sports Marketplace cannot be guaranteed if not registered by February 24, 2017. Travel assistance is available for ALL qualified event owners who register by February 24, 2017 (restrictions apply).

- * Qualified NASC Rights Holder members (sports organizations and associations including NGBs, MSOs, and companies that bid out, award, or assign sports events to which they own the rights to destinations) who have provided the required information on this registration form are eligible to receive complimentary registration and travel assistance, provided registration is received by February 24, 2017.

Complimentary registration: Registration includes access to all Symposium functions as well as one (1) 10'x10' carpeted booth in the NASC Sports Marketplace. Additional exhibit space is available for organizations bringing multiple representatives. One (1) appointment will be scheduled per time slot for each person attending from your organization.

Travel assistance: Travel assistance includes hotel, airfare, and ground transportation to/from the Sacramento International Airport for each qualified Event Owner attendee. Each flight itinerary must be approved in writing by the NASC and purchased by the Event Owner. A flight reimbursement check up to \$500 per Event Owner attendee will be issued after successful completion of all required activities outlined in the Event Owner contract.

NASC membership is required to qualify for complimentary registration and travel assistance. Please complete the application below. Incomplete forms will not be considered.

ORGANIZATION

Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Mission Statement (Attach additional sheet if necessary.) _____

Organization Description (Please describe the services your organization provides in 100 words or less. Attach additional sheet if necessary.)

Additional Information (Attached additional sheet if necessary.)

Organization Structure For Profit Not-For-Profit **Tax Status** 501(c)(3) 501(c)(6) Exempt Other _____

Year of Incorporation _____ **Number of Employees** _____ Full Time _____ Part Time _____

Referred by (Name and Organization) _____

ORGANIZATION DEMOGRAPHICS

List Sports:

Region(s) where your events can be hosted: (check all that apply)

- North East (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, DC)
- North West (AK, CO, HI, ID, MT, Northern CA, NV, OR, UT, WA, WY)
- South East (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV)
- South West (AZ, NM, OK, Southern CA, TX)
- Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)
- Other (Canada, Puerto Rico)

Key factors in process for selecting event locations: (check all that apply)

- Geographic rotation
- Bid fees
- RFP
- Local/regional support of sport(s)
- Personal contacts
- Other

How often your annual events change locations (On Average): _____

Total Number of Events: _____ Hosted Annually: _____ Currently Up For Bid: _____

Total Room Nights For: Smallest Event: _____ Largest Event: _____ **Peak Room Nights For:** Smallest Event: _____ Largest Event: _____

General Venue Requirements: Smallest Event: _____

General Venue Requirements: For Largest Event: _____

Hotel Requirements: _____

Average number of total participants: Smallest Event: _____ Largest Event: _____

Average number of out of town participants: Smallest Event: _____ Largest Event: _____

Event History

Event _____ Date _____

Destination (Sports Commission, DMO, Parks and Rec Department): _____

Primary Contact Name, Phone, and Email at Host Destination: _____

FIRST ATTENDEE

Member – FREE Non-Member - \$100 (includes annual membership)

CSEE 2017 Spring Course (\$400) NASC Sports Legacy Fund Community Service Project (FREE)

Name _____ Title _____

Work Phone _____ Cell Phone _____

Email _____ Are you a first time attendee? Yes No Not Sure

Emergency Contact Name _____ Phone _____

Special Requests: Dietary Restrictions Yes ___ No ___ If yes, please specify _____
ADA Requirements Yes ___ No ___ If yes, please specify _____

Total Due for First Attendee \$ _____

SECOND ATTENDEE

Member – FREE Non-Member – FREE

CSEE 2017 Spring Course (\$400) NASC Sports Legacy Fund Community Service Project (FREE)

Name _____ Title _____

Work Phone _____ Cell Phone _____

Email _____ Are you a first time attendee? Yes No Not Sure

Emergency Contact Name _____ Phone _____

Special Requests: Dietary Restrictions Yes ___ No ___ If yes, please specify _____
ADA Requirements Yes ___ No ___ If yes, please specify _____

Total Due for Second Attendee \$ _____

THIRD ATTENDEE

Member – FREE Non-Member – FREE

CSEE 2017 Spring Course (\$400) NASC Sports Legacy Fund Community Service Project (FREE)

Name _____ Title _____

Work Phone _____ Cell Phone _____

Email _____ Are you a first time attendee? Yes No Not Sure

Emergency Contact Name _____ Phone _____

Special Requests: Dietary Restrictions Yes ___ No ___ If yes, please specify _____
ADA Requirements Yes ___ No ___ If yes, please specify _____

Total Due for Third Attendee \$ _____

ADDITIONAL ATTENDEE

Member – FREE Non-Member – FREE

CSEE 2017 Spring Course (\$400) NASC Sports Legacy Fund Community Service Project (FREE)

Name _____ Title _____

Work Phone _____ Cell Phone _____

Email _____ Are you a first time attendee? Yes No Not Sure

Emergency Contact Name _____ Phone _____

Special Requests: Dietary Restrictions Yes ___ No ___ If yes, please specify _____
ADA Requirements Yes ___ No ___ If yes, please specify _____

If registering additional representatives, please attach additional pages.

Total Due for Additional Attendee \$ _____

AGREEMENT

Your organization will not qualify for travel assistance unless you agree to the following terms and conditions.

- ___ My organization bids out, awards, or assigns sports events to which we own the rights to destinations.
- ___ On behalf of my organization, I agree that each of our registered attendees will participate in their own separate, pre-qualified appointments with destinations and vendors in the NASC Sports Marketplace.
- ___ On behalf of my organization, I agree to submit flight itineraries for each of our registered attendees to NASC Members Services for approval prior to booking flight(s).
- ___ On behalf of my organization, I understand airfare reimbursement checks will be issued upon successful completion of all required activities outlined in the Event Owner contract at the conclusion of the Symposium.
- ___ On behalf of my organization, I agree to set up and tear down during the specific dates and times designated by NASC Member Services.
- ___ On behalf of my organization, I understand hotel room incidentals, add-on activities, and annual membership dues are the responsibility of the attendee and that annual membership dues must be received no later than **February 24, 2017**.
- ___ On behalf of my organization, I understand a method of payment is required to confirm my registration and will not be charged unless cancellation penalties apply as outlined below.

PAYMENT INFORMATION

Event Owner Registration (FREE)

NASC Sports Legacy Fund Donation \$ _____ (USD)

CSEE Spring 2017 Module (\$400 per registration) \$ _____ (USD)

Total Amount Due \$ _____ (USD)

Provide a method of payment to hold your place. See below for terms and conditions.

Payment Method:

___ Visa ___ MasterCard ___ American Express ___ Check (payable to the *National Association of Sports Commissions*) ___ Invoice Me

Card Number: _____ Expiration Date: ___/___ Security Code: ___ Billing Zip Code: _____

Signature _____ Total Amount To Be Charged (USD): \$ _____

DIETARY RESTRICTION & ALLERGY POLICY All requests must be indicated when registering for a special meal at plated functions. A card will be provided in your registration packet and is required for special meals. Special meals cannot be requested at meal functions without a card. We work directly with food and beverage providers; however, no area will be completely allergy free.

MARKETING RELEASE By registering, you are giving the NASC your consent to photograph, videotape and audio record your creative contributions, picture, likeness, voice, and statements at the *2017 NASC Sports Event Symposium*. You agree that all such recordings, derivatives and proceeds thereof and there from are owned solely by the NASC and you by your attendance at the *2017 NASC Sports Event Symposium* agree to transfer to NASC and waive any rights you might have in all of such properties and materials.

CANCELLATION POLICY All cancellations or transfers to another staff member at the same organization must be made in writing by **February 24, 2017**. No penalties for cancellations or transfers received by that date. \$200 penalty applies for requests postmarked on or after **February 24, 2017**. \$685 penalty applies for no-shows. Submit all requests via email at info@sportscommissions.org.