



The National Coordinating Committee For Multiemployer Plans

815 16th Street, N.W. Washington, D.C. 20006-4104

Phone: 202-737-5315 Fax: 202-737-1308

® ADDRESS SERVICE REQUESTED

The Most Important Conference You Will Attend in 2018!

NCCMP CONFERENCE REGISTRATION



REGISTER NOW!



2018 NCCMP Annual Conference

September 22-26, 2018

THE DIPLOMAT BEACH RESORT 3555 South Ocean Drive, Hollywood, Florida

Pre-Conference Events

Saturday, September 22, 2018 and Sunday, September 23, 2018

E-Mail

- Saturday afternoon: Special Seminar for Trustees and advisors offering a deep dive into the cutting edge issues affecting your multiemployer plans
- Sunday morning: Dad's Day Charity Golf Event
- Sunday evening: Opening Night Reception

Conference Events

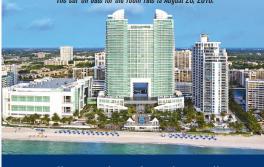
Monday, September 24 – Wednesday, September 26, 2018

 Morning general sessions and afternoon workshops featuring the leading experts in the multiemployer community

HOTEL ACCOMMODATIONS

A room block at the conference room rate per day of \$258.00 plus applicable taxes and fees has been reserved at The Diplomat Beach Resort. Room rates will be offered 3 days before and 3 days after the event dates based on availability at the time of reservation. Please make room reservations by calling the hotel: 855-689-2911 and give the (NCCMP Group Code GNCC18) or go online at: www.NCCMP.org/2018ConferenceHotel

The cut-off date for the room rate is August 20, 2018.



Cancellation Policy: The early cancellation fee is \$150. Within 60 days of the meeting, the cancellation fee is 50% of the registration fee.

FOR CONFERENCE PARTNERSHIP OPPORTUNITIES

and details, please contact Margaret Tobin via e-mail: mtobin@nccmp.org

REGISTER EARLY! HOTEL SPACE IS LIMITED

Detailed program agenda coming soon.

Check NCCMP.org/event/2018-annual-conference for the most up to date info.

PLEASE SEND COMPLETED REGISTRATION WITH PAYMENT TO: NCCMP 815 16th Street, N.W., Washington, D.C. 20006

NCCMP 2018 CONFERENCE REGISTRATION

QUESTIONS? Tel: (202) 737-5315/Fax: (202)737-1308 E-mail: mtobin@nccmp.org		
First Name		
Last Name		
Job Title		
Organization/Company		
Membership Number (NCCMP	memberships start with"A" or "B" only)	
Mailing Address:		
City	State	Zip
Phone:	Fax:	

_	<mark>20 (\$1,100) after August 20 (\$1,200)</mark> yust 20 (\$1,300) after August 20 (\$1,500)
METHOD OF PAYMENT: Check or Cred	lit Card
CREDIT CARD TYPES ACC AMEX VISA M	EPTED: (Please circle one) fasterCard
Credit Card No.:	
Expiration Date	Security Code
Cardholder Name:	
Cardholder Signature:	
Billing Address	
City	
State	Zip Code
*If paying by credit card, separate paper if different	please provide billing address on t from mailing address.