



VIRTUAL CONVENTION

DECEMBER 9-11, 2020

REGISTRATION



CONVENTION REGISTRATION FEES INCREASE AFTER NOV. 16

MEMBER REGISTRATION with 30-day access to on-demand video.....	\$199	x (QTY)	_____	=	_____
MEMBER REGISTRATION UPGRADE with lifetime access to on-demand video.....	\$219	x (QTY)	_____	=	_____
NON-MEMBER REGISTRATION with 30-day access to on-demand video.....	\$299	x (QTY)	_____	=	_____

If you are **NOT** a member and would like to join to receive the exclusive discount on Convention, add the following amount:

- | | | |
|---|---|--|
| <input type="checkbox"/> Division I head or associate coach – \$225 | <input type="checkbox"/> Division II or III head or associate coach – \$140 | <input type="checkbox"/> NAIA head or associate coach – \$110 |
| <input type="checkbox"/> NCCAA or USCAA head or associate coach – \$110 | <input type="checkbox"/> Junior College head or associate coach – \$110 | <input type="checkbox"/> College assistant – \$95 |
| <input type="checkbox"/> Volunteer assistant – \$95 | <input type="checkbox"/> Student assistant – \$95 | <input type="checkbox"/> Director of Operations/Admin – \$80 |
| <input type="checkbox"/> High school coach – \$80 | <input type="checkbox"/> International coach – \$80 | <input type="checkbox"/> Travel ball coach, director or mgr – \$80 |
| <input type="checkbox"/> Youth coach – \$80 | <input type="checkbox"/> Company – \$60 | <input type="checkbox"/> Emeriti – \$60 |
| <input type="checkbox"/> Affiliate (Fastpitch instructor, former coach, professional coach, sports information director, umpire, other) – \$60. | | |

CURRENT MEMBERS CAN ALSO INCLUDE THEIR RENEWAL FEES ON THIS LINE. _____

DONATE! Please accept my (additional) tax-deductible donation supporting NFCA projects in the amount of.....\$ _____

GIFT A CONVENTION REGISTRATION TO A FELLOW COACH! Member \$199 Member upgrade \$219 Non-member \$299 _____

Give my gift to this coach (list name & email): _____

Give my gift to a coach in need chosen by the NFCA.

TOTAL DUE _____

ATTENDEE NAME(S) _____

SCHOOL/ORGANIZATION _____

POSITION & DIVISION _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

CELL NUMBER(S) _____

EMAIL ADDRESS(ES) _____

I understand that all sales are final. There will be NO REFUNDS granted for any reason.

I agree to NFCA Virtual Convention policies. Dissemination of NFCA materials is strictly prohibited.

PAYMENT INFORMATION

<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PURCHASE ORDER
CARD #	_____	
EXPIRATION DATE	_____	
CSV	_____	BILLING ZIP _____
SIGNATURE	_____	

EMAIL, MAIL OR FAX COMPLETED FORM TO:

NFCA, 2641 GRINSTEAD DRIVE, LOUISVILLE, KY 40206
EMAIL: EVENTS@NFCA.ORG FAX: 502-409-4622

QUESTIONS? CALL 502-409-4600 OR EMAIL EVENTS@NFCA.ORG

#NFCAatHOME