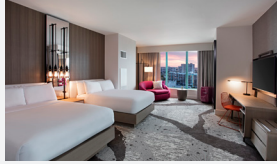


Diplomat Beach Resort Reservations - Call 855-689-2911.

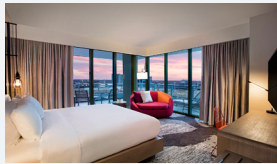
Ask for the National Labor & Management Conference rate as indicated:



\$454 - Superior
(Single/Double)



\$464 - Deluxe
(Single/Double)
features a partial
ocean view



\$484 - Grand Deluxe
(Single/Double) -
Ocean View

REGISTER 3 WAYS

ONLINE: www.LaborAndManagement.org

PHONE: 888-459-3111 | **Fax:** 631-757-6569

MAIL: NLMC, Inc., Box 461, Northport, NY 11768

Contact: Carol Shields

Email: cshields@laborandmanagement.org

Tel: 888-459-3111

Reserve your room online.

<https://book.passkey.com/go/NLMC2025Conference>

C O N F E R E N C E R E G I S T R A T I O N

Name(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Tel: _____ Office Fax: _____

E- Mail: _____ (a unique email is required to process registration)

The registration fee for the National Labor & Management program is \$1,495 (\$1,595 after January 31, 2025), which includes 4 days of seminars and materials, breakfasts and receptions. Please use this form for registration. Conference registration fees are non-refundable after November 29, 2024. Cancellations received prior to that date are subject to a \$150 fee. Your registration gives us permission to use your likeness in photographs of speakers, attendees and exhibit areas taken before, during and after the conference, which may be used for marketing, promotion and advertising purposes. Please note conference sponsors have access to registrant names/emails for the purpose of contacting attendees to set up meetings and share information. If you wish to opt out of this list please contact CShields@laborandmanagement.org.

Number Attending Conference _____ X Registration Fee of \$1,495 = **TOTAL** _____
(*\$1,595 after January 31, 2025*)

Enclosed is my check payable to: "NLMC, Inc." Please bill the following credit card: Amex Mastercard Visa

Credit Card No.: _____ Exp. Date: _____

Security Code (Back of Card): _____

Name on Credit Card (& Billing Address if Different from Above): _____

Authorized Signature: _____