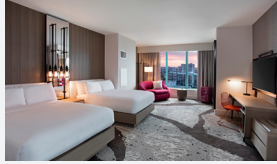


## Diplomat Beach Resort Reservations - Call 855-689-2911.

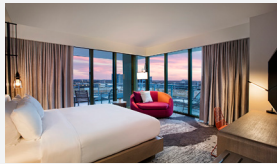
Ask for the National Labor & Management Conference rate as indicated:



**\$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](http://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](mailto:cshields@laborandmanagement.org)

**Tel:** 888-459-3111

**Reserve your room online.**

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

## CONFERENCE REGISTRATION

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Office Fax: \_\_\_\_\_

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

### Registration Options:

**• Attendee, Union Representatives (\$1,495)**

After 1-31-25 registration fee is \$1,595.

Taft Hartley fund trustees, administrators, business managers; Public sector plan trustees & staff; Fund administrators & managers.

**• Attendee, Other (\$1,695)**

After 1-31-25 registration fee is \$1,795.

Third-party administrators (TPAs); Benefit consultants; Attorneys, accountants & actuaries; Investment managers & consultants; Others who are involved in the overall management and administration of benefit trust funds.

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](mailto:CShields@laborandmanagement.org).

Number Attending Conference \_\_\_\_\_ x

Registration Fee of \$1,495 (Union Rep) = **TOTAL** \_\_\_\_\_  
(*\$1,595 after January 31, 2025*)

Registration Fee of \$1,695 (Other) = **TOTAL** \_\_\_\_\_  
(*\$1,795 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: \_\_\_\_\_

Send payment to NLMC, Inc., Box 461, Northport, NY 11768