



MISSOURI'S BENEFITS SPECIALISTS SYMPOSIUM

Doubletree Hotel at Westport

1973 Craigshire Road | St. Louis, MO 63146 | Phone: (314) 434-0100

NEW DATES: Thursday, September 16 and Friday, September 17, 2021

Thursday 1:00 - 4:30 p.m.: **NAHU Single-Payer Healthcare Certification Program**

Thursday 4:30 p.m.: Grand Opening Reception, Guest Speaker & Trade Show Open

Friday 8:00 a.m. - 3:30 p.m.: Program & Trade Show Open

(CE Credits for Illinois and Missouri will be available)

Membership Status Full Registration Includes Thursday reception and Friday Program		All Registrations by September 1	Reserved table for 8 with company recognition by September 1	All registrations After September 1
NAHU Members and Guests (<i>all guest registrations must be paid by the member to get the member rate</i>)	www.slahu.org	\$75	\$500	\$90
MAIA/NAIFA/SHRM/NAAIA/WIFS Members	www.slahu.org	\$100		\$110
All Others	www.slahu.org	\$125		\$135
Thursday's NAHU Single-Payer Healthcare Certification Program (separate registration thru NAHU)	https://nahu.inreachce.com/Details/Information/eac0f285-28dd-412f-9487-62e4d53c13de (\$191.00 for NAHU members and \$298 for non-members)			

Every person entering the exhibit hall must pay to attend. No free walk-throughs will be allowed!

- Business casual attire requested -

Indicate Events You Are Attending (**Check all that apply**): Thursday NAHU Program: _____ Thursday Grand Opening

Reception: _____ Friday Program: _____ Friday Luncheon: _____

Attendee Name: _____ Company: _____

(For more than one attendee, please use attached multiple attendee registration form.)

Email: _____ @ _____ Office Phone: (_____) _____ -- _____

(Confirmation given only to emails)

Total Payment Amount: _____ (add 3% convenience fee for credit card) **Circle one: Visa / MasterCard / AMEX**
(you can register on line at www.slahu.org)

Card Number: _____ Exp date: _____ CVT# _____

Name as it appears on card: _____ Card Holder Signature: _____

Phone Number: (_____) _____ - _____ Dietary Restrictions: _____

Submit completed form with payment to SLAHU, c/o Dave Drennan, 1954 Sumter Ridge Court, Chesterfield, MO 63017. Questions call Symposium Committee Chair, Shari Roth, at (314) 413-1257 or SLAHU Executive Director, Dave Drennan, at PHONE: (636) 519-9300, slahuoffice@aol.com or FAX: (636) 519-1403 **Booking Link:**

https://secure3.hilton.com/en_US/dt/reservation/book.htm?inputModule=HOTEL&ctyhocn=STLWPDT&groupCode=CDTSHE&arrival=20210915&departure=20210918&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT

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Multiple Attendee Registration Form

NAHU Member Name: _____
 (If using the NAHU member discount for multiple registrations paid for with **one credit card or check**)

Contact Name for Attendee Registrations: _____

Contact Phone Number: (_____) _____ - - _____

Contact Email Address: _____ @ _____

(Please indicate any dietary restrictions.) PLEASE NOTE: The NAHU Single Payer Healthcare Certification Program on Thursday is separate from the Full Registration.

<i>Attendee Name</i>	<i>Company Name, email address and phone number</i>	<i>Must List Events attending:</i> Thursday NAHU Program, Grand Opening Reception, Friday Program, Friday Luncheon

Submit completed form with payment to SLAHU, c/o Dave Drennan, 1954 Sumter Ridge Court, Chesterfield, MO 63017. Questions call Symposium Committee Chair, Shari Roth, at (314) 413-1257 or SLAHU Executive Director, Dave Drennan, at PHONE (636) 519-9300, slahuoffice@aol.com or at FAX: (636) 519-1403 **Hotel room link:**

https://secure3.hilton.com/en_US/dt/reservation/book.htm?inputModule=HOTEL&ctyhocn=STLWPDT&spec_plan=CDTAHU&arrival=20200826&departure=20200829&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT

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