

NARM CHICAGO MAY 2010

THE MUSIC BUSINESS CONVENTION

HILTON CHICAGO

CRASH COURSE: FRIDAY, MAY 14, TO SATURDAY, MAY 15
CONVENTION: SATURDAY, MAY 15, THROUGH MONDAY, MAY 17

Important Instructions

1. To receive member rates for Convention registration, membership dues for the 2009-2010 dues year must be paid in full.
2. All cancellations must be submitted in writing to Bill Storck (storck@narm.com) by Friday, April 9, for a 50% refund. No refunds will be given after Friday, April 9. Name changes will be accepted.
3. If you have special needs connected with the Americans With Disabilities Act (ADA) of 1990, please notify NARM.
4. If registering via fax or mail, please allow two weeks for processing.
5. For any additional registration questions, please contact Bill Storck (storck@narm.com or 800.365.6276).

Categories & Fees

(Full Convention registrants receive free admission to the Music Business Crash Course on Friday, May 14, and Saturday, May 15.)

Through 2/28 On & After 3/1

Retail and Wholesale Company Members

(Includes entertainment service providers that sell digital/wireless entertainment products to consumers)

Sales Over \$1 Million

1st through 5th registrants	\$559 each	\$609 each
6th and additional registrants	\$509 each	\$559 each

Sales Under \$1 Million

Each registrant	\$259	\$309
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First Time Independent Retailer

(For those who have never been a NARM member or attended a past NARM Convention)

Each Registrant	\$179	\$179
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Supplier Company Members

(Distributors, Labels, Suppliers of Video and Other Related Products/Services, and Entertainment Service Providers)

Sales Over \$1 Million

1st through 5th registrants	\$759 each	\$809 each
6th and additional registrants	\$699 each	\$749 each

Sales Under \$1 Million

1st registrant	\$379 each	\$429 each
2nd and additional registrants	\$339 each	\$389 each

Individual Professional Members

(Educators, Lawyers, Consultants, Managers, Artists, etc.)

Each Registrant	\$259	\$309
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Students

(For full-time students enrolled in a music business/entertainment/entertainment technology program)

Each Registrant	\$49	\$49
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Career Opportunities

(For music industry professionals laid off from a NARM member company in the past year)

Each Registrant	\$99	\$99
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Non-Members

Each Registrant	\$1,499	\$1,699
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Editorial Press

Contact Marla Cimini at cimini@narm.com or 856.616.1194 for media credentials.

Hotel Room Rates, Suites & Booking Instructions

Reserve your sleeping room at the Hilton Chicago by visiting www.narm.com/hotelreservations or by calling hotel reservations directly at 312.922.4400. Mention that you are a NARM Convention attendee to receive the discounted rate. The discounted hotel room rate will only be available until April 20 when any unused rooms are returned to the Hilton Chicago.

To reserve a suite, please contact Pat Daly at 800.365.6276 or daly@narm.com.

All guest rooms and suites are subject to the current room occupancy tax of 15.4%. For full room deposit refunds, cancellations must be issued 72 hours prior to your scheduled date of arrival.

Hilton Chicago

720 S. Michigan Ave. • Chicago, IL 60605
Phone: 312.922.4400 • Fax: 312.922.5240

Single/Double Room Rate: \$205

A portion of all room rates is used to offset meeting costs.

How To Register

1. ONLINE at <http://narm2010.eventbrite.com>
2. FAX your completed form to 856.596.3268.
3. MAIL this form to: NARM, 9 Eves Dr., Ste. 120, Marlton, NJ 08053.
4. All attendees must reserve their own hotel rooms at the Hilton Chicago, NARM's 2010 headquarters hotel. To receive the special NARM discount room rate, visit www.narm.com/hotelreservations or call 312.922.4400.

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REGISTRANTS (Please print or type.)

		Registration Fee		
1.	_____	\$ _____	Please check one:	
	First and Last Name _____ Title _____		<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/> Career Opps
	_____		<input type="checkbox"/> Supplier	<input type="checkbox"/> Editorial Press
	First Name for Badge _____ E-mail (Required) _____		<input type="checkbox"/> Individual/Educator	<input type="checkbox"/> Non-Member
			<input type="checkbox"/> Student	
2.	_____	\$ _____	Please check one:	
	First and Last Name _____ Title _____		<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/> Career Opps
	_____		<input type="checkbox"/> Supplier	<input type="checkbox"/> Editorial Press
	First Name for Badge _____ E-mail (Required) _____		<input type="checkbox"/> Individual/Educator	<input type="checkbox"/> Non-Member
			<input type="checkbox"/> Student	
3.	_____	\$ _____	Please check one:	
	First and Last Name _____ Title _____		<input type="checkbox"/> Retail/Wholesale	<input type="checkbox"/> Career Opps
	_____		<input type="checkbox"/> Supplier	<input type="checkbox"/> Editorial Press
	First Name for Badge _____ E-mail (Required) _____		<input type="checkbox"/> Individual/Educator	<input type="checkbox"/> Non-Member
			<input type="checkbox"/> Student	
GRAND TOTAL		\$ _____		

CONTACT INFORMATION

(To be completed by ALL REGISTRANTS. Career Opportunities, please also complete the "Career Opportunities" section. Editorial Press, please also complete the "Editorial Press Information" section.)

Company/School Contact _____
 Company/School _____
 Address _____

 City, State/Province _____
 ZIP/Postal Code _____ Country _____
 Phone _____ Fax _____
 E-mail _____

EDITORIAL PRESS INFORMATION

(For Editorial Press only)

Media Outlet That You Are Representing _____
 Media Outlet's Web Site _____
 URL to examples of your recent work _____
 Street Address _____
 City, State _____ Zip/Postal Code _____
 Office Phone _____ Cell Phone _____
 I grant NARM permission to use my mobile number to text me important updates during the Convention
 Position/Title:
 Blogger Broadcast Crew Producer Editor Financial/Equity Analyst
 Market/Industry Analyst Photographer Reporter/Writer Freelancer
 Primary Target Audience:
 Music Industry Other Entertainment Industry (videos, games, etc.)
 Artists/Musicians General Consumers Mobile/Telecommunications Industry
 Digital/Technology Other _____
 Primary Distribution Format:
 Newspaper/Magazine News Wire TV Radio Internet/Online
 I would like to be contacted about conducting an interview with President Jim Donio.
 I would like to be considered as a panelist for this or future NARM Conventions.

CAREER OPPORTUNITIES

(For Career Opportunities only - music industry professionals laid-off from a NARM member company in the past year.)

Previous Employer _____
 Previous Employer Phone _____
 Your Address _____
 ZIP/Postal Code _____ Country _____
 Phone _____ Fax _____
 E-mail _____

All attendees must reserve their own hotel rooms at the Hilton Chicago, NARM's 2010 headquarters hotel. To receive the special NARM discount room rate, visit www.narm.com/hotelreservations or call 312.922.4400.

FOR OFFICE USE ONLY

Batch # _____ Mem # _____ Check # _____
 Reg _____ Rm Dep _____ Late Fees _____
 Total _____

PAYMENT INFORMATION

(Must be completed by ALL registrants for registration to be processed.)

My check made payable to NARM is enclosed.
 Please charge my VISA MasterCard American Express
 Card in Name of _____
 Account # _____ Exp. Date _____
 Verification Code (3-Digit V-Code on Back of Card) _____
 Signature _____