



2026 NAADA ANNUAL CONFERENCE GUEST REGISTRATION FORM

June 15-18 | University of Tennessee-Knoxville | Crowne Plaza Downtown University | Knoxville, TN

ONE Guest per form. | You can also **REGISTER ONLINE**.

GUEST Name: _____

Institution | Company: _____

Professional Title: _____

The following address is Icheck one: Home Business

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE SELECT ALL MEALS your guest will be attending.

SUB-TOTAL

<input type="checkbox"/> Tuesday Opening Reception & Dinner \$95	
<input type="checkbox"/> Wednesday Breakfast \$40	
<input type="checkbox"/> Wednesday Lunch \$50	
<input type="checkbox"/> Wednesday Dinner Spirit Night \$70	
<input type="checkbox"/> Thursday Lunch \$50	
<input type="checkbox"/> Thursday Dinner Awards Banquet \$110	
<input type="checkbox"/> None \$0	

REGISTRATION INFORMATION

To receive a registration refund, less a \$50 processing fee, all cancellations must be received by May 16, 2026 at 11:59 p.m. U.S. Eastern Time. No refunds will be granted thereafter. No-shows will not be refunded. Registrations can be transferred to another person within your organization with the same membership status by contacting memberservices@naada.org. Submit a written cancellation to John Augustyniak, NAADA Executive Director | john@naada.org

SELECT TOURS



SUB-TOTAL

<input type="checkbox"/> Pre-Conference Tour Bush's Beans & Dollywood MAX of 50 \$75	
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SELECT ONE EDUCATIONAL TOUR FOR WEDNESDAY

<input type="checkbox"/> Zoo Knoxville MAX of 40	NC
<input type="checkbox"/> FIFA World Cup 2026 Research Center & Neyland Stadium Tour	NC
<input type="checkbox"/> UT Little River Dairy Tour & UT Creamery Visit MAX of 30	NC
<input type="checkbox"/> UT Hopyard Research & Yee-Haw Brewing MAX of 30	NC
<input type="checkbox"/> Outdoor Recreation & Tennessee RiverLine Tour MAX of 14	NC

ADDITIONAL QUESTIONS

The dietary questions below are intended to identify medically related food allergies, food sensitivities, and recognized dietary requirements, as well as standard dietary or religious /ethical preferences. Due to logistical limitations, the conference is unable to accommodate personal non-medical preferences, including specific ingredients, seasonings, or condiments.

Dietary Preferences

Religious or Ethical Dietary Requirements:

- None Vegetarian Vegan Halal
 Pescatarian Kosher No Pork

Food Allergies | Severe Food Intolerances:

- None Peanuts Tree Nuts Fish
 Shellfish Dairy|Milk Eggs Soy
 Wheat Gluten (Celiac-Strict Avoidance)
 Gluten Intolerance (Non-Celiac) Sesame
 Other: _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

- None Audio Mobile Visual
 Other: _____

PAYMENT

Check enclosed (made payable to NAADA) PO Number (copy required) _____

Visa/MasterCard AmEx

If paying by credit card, all fields below are required.

Note: Full payment must accompany order to reserve your space.

TOTAL \$

Card Number: _____ Exp: _____ | _____ Security Code: _____

Date: _____ Name on Card (please print): _____

Cardholder Signature: _____ Cardholder Phone: _____

Billing Address: same as mailing address listed above

Billing Address | City | State | Zip: _____

I have read & agree to NAADA's Privacy Policy

NAADA's Conference Registration Policy

► Due to PCI Compliance, please do NOT provide any credit card information via email. Call or mail it in only.

Mail or call with payment to: NAADA Headquarters Office | 400 E Randolph St | Suite 3115 | Chicago, IL 60601 | (800) 303-6062