

# NLCA 2025 CONFERENCE

## REGISTRATION/BOOKING FORM

Join Us On  
**February 16-23, 2025**

### OUR EXCLUSIVE DELEGATE PACKAGE PRICE

**\$1,676.00\***  
CAD per person

Includes:

- Premium Beverage Pkg.
- 2 Specialty Dining Restaurants
- \$50US shore excursion credit per state room/per port
- 150 mins of Wi-Fi
- Business Sessions
- Networking Events



Stateroom Category BA – Balcony.

\*Based on dbl. occupancy. Airfare not included.

\*Cost: \$1365.00 cruise, \$311.00 conference fee, plus taxes & gratuities  
**A \$500 DEPOSIT PER PERSON IS REQUIRED AT THE TIME OF BOOKING**

**Our Exciting Course for the week on the Norwegian Encore:**

- Day 1** - Depart Miami, Florida
- Day 2** - Day at Sea
- Day 3** - Puerto Plata, Dominican Republic
- Day 4** - St. Thomas, US Virgin Islands
- Day 5** - Tortola, British Virgin Islands
- Day 6** - Day at Sea
- Day 7** - Great Stirrup Cay, Bahamas
- Day 8** - Day at Sea

**Form must be completed in its ENTIRETY!**

### IMPORTANT!

Limited Space. First Come First Served.

**ONLY WHEN YOU RECEIVE A RECEIPT FROM LEGROW'S TRAVEL IS YOUR REGISTRATION CONFIRMED.**

NLCA's travel agent for this event is Phyllis Barter with LeGrow's Travel. Please contact her for assistance with additional travel plans or upgrades. (ie. flights, etc.)

Contact: **Phyllis Barter, Branch Partner - Senior Travel Advisor**  
709.758.6720 • email: [pbarter@legrowstravel.ca](mailto:pbarter@legrowstravel.ca)

### REGISTRATION INFORMATION (MUST BE EXACTLY AS APPEARS ON PASSPORT):

1.

<input type="text"/>	<input type="text"/>
LAST NAME:	FIRST NAME:
<input type="text"/>	<input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MR
MIDDLE NAME:	
<input type="text"/>	<input type="text"/>
PASSPORT NUMBER:	PASSPORT ISSUE DATE: PASSPORT EXPIRY DATE:
<input type="text"/>	<input type="text"/>
NAME AS WILL APPEAR ON BADGE <input type="checkbox"/> same as above	date of birth (ie. 02 Jun 1955)
<input type="text"/>	<input type="checkbox"/> sponsored by NLCA Member Firm
NLCA MEMBER FIRM NAME	
<input type="text"/>	<input type="text"/>
HOME/CELL PHONE:	EMAIL:

2.

<input type="text"/>	<input type="text"/>
LAST NAME:	FIRST NAME:
<input type="text"/>	<input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MR
MIDDLE NAME:	
<input type="text"/>	<input type="text"/>
PASSPORT NUMBER:	PASSPORT ISSUE DATE: PASSPORT EXPIRY DATE:
<input type="text"/>	<input type="text"/>
NAME AS WILL APPEAR ON BADGE <input type="checkbox"/> same as above	date of birth (ie. 02 Jun 1955)
<input type="text"/>	<input type="checkbox"/> sponsored by NLCA Member Firm
NLCA MEMBER FIRM NAME	
<input type="text"/>	<input type="text"/>
HOME/CELL PHONE:	EMAIL:

### CONTACT INFORMATION FOR RECEIPT:

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Street/Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION:

Form of Payment:  cheque  credit card  
 Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_



\*Please make cheques payable to LeGrow's Travel

### \*ADDITIONAL DELEGATES PLEASE COMPLETE ANOTHER FORM

*Signature to authorize use of credit card for \$500 deposit per person and final payment. (Deposit is non-refundable)*

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



**PLEASE RETURN COMPLETED FORM TO**

NLCA • 397 Stavanger Drive, Suite 202 • St. John's • A1A-0A1 • phone: (709)753-8920 • fax: (709)754-3968 or email Adelle at [abyrne@nlca.ca](mailto:abyrne@nlca.ca)