



## NILA's Hill Day Registration Form – September 15-16, 2025

\* Indicates Required Field

### Primary Contact:

Name (print or type)\*: \_\_\_\_\_ Laboratory Name\*: \_\_\_\_\_

Title/Role\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Home Address (include zip code)\*: \_\_\_\_\_

Work Address (include zip code)\*: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please list any congressional offices (House or Senate) that you have relationships with that you would like to meet with on Hill Day:**

**Additional attendee(s) from your laboratory (for attendees that do not fit on this sheet, please complete an additional registration form):**

Name (print or type)\*: \_\_\_\_\_ Laboratory Name\*: \_\_\_\_\_

Title/Role\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Home Address (include zip code)\*: \_\_\_\_\_

Work Address (include zip code)\*: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ Hill Day Registration (non-refundable)..... individual(s) @ \$400.00 = \$ \_\_\_\_\_

☐ NILA Membership..... \$ \_\_\_\_\_

(Please complete this [membership application](#). NILA Corporate membership includes two individual executive members. Additional executive members can be added on page two of the membership application.)

☐ Additional Executive Membership(s)..... individual(s) @ \$275.00 = \$ \_\_\_\_\_

### Payment Method

Amount enclosed: \$ \_\_\_\_\_

☐ Check   ☐ Money Order   ☐ Credit Card:   ☐ American Express   ☐ MC   ☐ VISA   ☐ Discover

Credit Card Number: \_\_\_\_\_ CVC \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print as name appears on charge card) (Cardholder's signature required to validate order)

Please return completed registration/application form & applicable payment to: NILA, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, phone: 314-241-1445, fax: 314-241-1449, email: [nila@nila-usa.org](mailto:nila@nila-usa.org).