

AMERICAN PAYROLL ASSOCIATION

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To ensure timely mailings and notifications, please provide us with your most up-to-date contact information. If any changes occur during the year, please complete this data sheet and return to my attention.

PLEASE PRINT CLEARLY.

NAME: _____

TITLE: _____

COMPANY: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

BUSINESS E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE: _____ FAX: _____

CELL PHONE: _____

E-MAIL: _____

SPOUSE/PARTNER NAME: _____

TO WHOM SHOULD PAYMENTS BE MADE OUT TO: _____

TAX IDENTIFICATION NUMBER (IF PAYMENTS ARE BEING MADE TO SOMEONE OTHER THAN YOURSELF):

I WOULD LIKE ALL NSB INFORMATION (INCLUDING SPEAKER MANUALS/EXPENSE CHECKS)
TO BE SENT TO MY:

HOME _____ OFFICE _____