



**139th NGAUS General Conference & Exhibition | September 7-10 Louisville, KY
 NGAUS State Attendee Conference Registration Form**

MEMBER REGISTRATION

Check any if applicable: Retiree Current TAG Former TAG I would like to be considered as a delegate for my state

Full Name _____ Name on Badge _____
 (Include Rank/Title/Prefix/Suffix if applicable)

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ NGAUS Membership ID # _____

By providing an e-mail address, NGAUS will be able to send to you conference updates, special event invitations, etc.

SPOUSE OR GUEST REGISTRATION

Check one if applicable: Spouse Guest

Full Name _____ Name on Badge _____
 (Include Rank/Title/Prefix/Suffix if applicable)

NGAUS REGISTRATION FEE: NGAUS member and member's guest pay **\$180** each. (Refunds less a \$15.00 administration fee will be granted for requests received in writing prior to 11:59 PM EST August 15, 2017. All refunds will be processed after the conclusion of the conference. After August 15, 2017 all sales are final and no refunds will be processed.)

CONFERENCE EVENTS

Check which of the following events you and/or your guest(s) will attend.

NGAUS Golf Tournament	September 7	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$125/person
CG/WO Mixer	September 7	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free
Fun Run	September 8	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$20/person
Spouses Luncheon	September 9	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free
Warrant Officer Luncheon	September 9	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free
Retired/Separated Luncheon	September 9	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$5/person
States Dinner	September 10	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free

ACCOMMODATIONS

Your state's hotel room block is at the **Brown Hotel** at a rate of **\$149.00/night**

Check-in Date _____ Check-out Date _____ OR I don't need a hotel room

TRANSPORTATION

Arrival Airline: _____ Flight # _____ Arrival Time: _____

Departure Airline: _____ Flight # _____ Arrival Time: _____

METHOD OF PAYMENT - Check

Check # _____

Make check payable to: NGAND and bring to Louisville

\$ _____ Total Cost for Conference Registration Fees
 \$ _____ Hotel Deposit
 \$ _____ Total Cost of Additional Conference Events
 \$ _____ Other Fee (i.e. Assn Hospitality Suite)
 \$ _____ **Total Amount**

Please note any special requirements or dietary restrictions:

RETURN THIS FORM to Chris Domitrovich at christopher_domitrovich@yahoo.com. Questions please call/text: (701) 212-0696