



140th NGAUS General Conference & Exhibition | 23-27 August, New Orleans, LA
NGAUS State Attendee Conference Registration Form



MEMBER REGISTRATION

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

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

Address _____ City _____ State _____ Zip _____

Civilian 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 _____ Nickname _____
(Include Rank/Title/Prefix/Suffix if applicable)

NGAUS REGISTRATION FEE: NGAUS member and member's guest pay **\$180 each**.

CONFERENCE EVENTS

Check which of the following events you and/or your guest(s) will attend. – **Please note that not all events are open to everyone**

NGAUS Golf Tournament	August 24	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$125/person
CG/WO Mixer	August 24	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free (must be CG/WO to attend)
Fun Run	August 25	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$25/person
Governor's Reception	August 25	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free
Spouses Luncheon	August 26	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free (spouses & guests only)
Retired/Separated Luncheon	August 27	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	\$5/person
States Dinner	August 27	<input type="checkbox"/> Me <input type="checkbox"/> Guest <input type="checkbox"/> Both	Free

ACCOMMODATIONS

Your state's hotel room block is at the **Hilton New Orleans Riverside**.

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

Arrival information

Driving

Flying

Arrival Airline: _____ Flight # _____ Arrival Time: _____

Departure Airline: _____ Flight # _____ Departure Time: _____

METHOD OF PAYMENT - Check or Credit Card

Check # _____

Make check payable to **NGAND and bring to conference**

CC Type _____ CC # _____ CVV _____ CC Expiration Date _____ Zip Code _____

\$ _____ 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 701-212-0696