



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 **\$225 each** & includes SEC Hospitality night tickets and State hospitality room. Refunds less a \$15.00 administration fee, will be granted for requests received in writing prior to 11:59 PM EST July 31, 2018. Email cancellation request to ngausregistration@spargoinc.com. All refunds will be processed after the conclusion of the conference. After July 31, 2018 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. – **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

Our state's hotel room block is at **The Hilton.** **A \$100.00 Room Deposit is required.**

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

TRANSPORTATION

***** NOTE: Transportation from the Airport to the Hotels must be made by the individual attendee. Information to register for transportation will be published at a later date.*******

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 **NGAAL**

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 WITH PAYMENT TO NGAAL