



**140<sup>th</sup> 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 \_\_\_\_\_ Name on Badge \_\_\_\_\_  
(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**

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

**ACCOMMODATIONS**

Your state's hotel room block is at Hilton Hotel. *A \$100 deposit is required to reserve a room.*

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 # \_\_\_\_\_ Arrival Time: \_\_\_\_\_

**METHOD OF PAYMENT - Check or Credit Card**

Check # \_\_\_\_\_ **Make check payable to NGAMA**

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 Augie Grace, 3 Arbor Court, Burlington, MA 01803**