

**REGISTRATION FORM (STATE ATTENDEES)
131ST NGAUS GENERAL CONFERENCE AND EXHIBITION
11-13 SEPTEMBER 2009, NASHVILLE, TN**

REGISTRATION CATEGORIES (Please check applicable category):

Full Conference Registrant (\$165)

_____ **Delegate** **Retiree**
Rank (if applicable) , Last Name, First Name, MI (Badge Name) (check if applicable)

E-mail _____ NGAUS ID (membership)# _____

- Company Grade/Warrant Officer Mixer** – 10 Sep **Governor's Reception** – 11 Sep
 Spouse Luncheon – 12 Sep **States Dinner** – 13 Sep **Officer Professional Development**
(Please check events included in the registration fee that you will be attending)

Spouse/Guest Full Conference Registrant (\$165)

- Company Grade/Warrant Officer Mixer** – 10 Sep **Governor's Reception** – 11 Sep
 Spouse Luncheon – 12 Sep **States Dinner** – 13 Sep **Officer Professional Development**
(Please check events included in the registration fee that you will be attending)

_____ (Badge Name)
Rank (if applicable), Last Name, First Name, MI

(Please check events included in the registration fee that your spouse/guest will be attending)

Additional Ticketed Events (please check applicable categories):

- | | |
|--|---|
| Full Conference Registrant: | Spouse/Guest Full Conference Registrant: |
| <input type="checkbox"/> NGAUS Golf Tournament \$85.00 - 10 Sep | <input type="checkbox"/> NGAUS Golf Tournament \$85.00 |
| <input type="checkbox"/> Fun Run \$20.00 - 11 Sep | <input type="checkbox"/> Fun Run \$20.00 11 Sep |
| <input type="checkbox"/> Retirees' Luncheon - 12 Sep (Retired NGAUS Members \$5 – all others \$25.00) | <input type="checkbox"/> Retirees' Luncheon \$25.00 |

ACCOMODATIONS: Arrival Date _____ Departure Date _____

Hotel Name: **Gaylord Opryland Hotel** Deposit Required to secure room **\$100**

Special Requirements: _____

NOTE: WE MUST HAVE YOUR TRANSPORTATION INFORMATION AT REGISTRATION

Driving Yes or No

TRANSPORTATION: Airline _____ (Mil/Civ) _____ Flt# _____ Arr Date _____ Time _____
Airline _____ (Mil/Civ) _____ Flt# _____ Dep Date _____ Time _____

Other (Please provide details): _____

BUS TRANSPORTATION FROM/TO AIRPORT (Free) **BNA Nashville Int'l** **ANR Airbase**

Total Amount due for registration fees, additional ticketed events & hotel deposits _____

Please make checks payable to: (NGAMN)

Mail registration, additional ticketed event fee & hotel deposit check and form to: (NGAMN 3530 E. Medicine LK Blvd, Plymouth, MN 55441)