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

MEMBER REGISTRATION

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

Address _____City _____ State _____ Zip _____

E-mail _____ Phone _____ Type of Membership _____
By providing an e-mail address, NGADE will put you on the Conference Update Email Distribution List

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	___Me ___Guest ___Both	$125/person
CG/WO Mixer	September 7	___Me ___Guest ___Both	Free (appropriate rank only)
Fun Run	September 8	___Me ___Guest ___Both	$20/person
Spouses Luncheon	September 9	___Me ___Guest ___Both	Free
Warrant Officer Luncheon	September 9	___Me ___Guest ___Both	Free
Retired/Separated Luncheon	September 9	___Me ___Guest ___Both	$5/person
States Dinner	September 10	___Me ___Guest ___Both	Free

Total for Events $ _____

ACCOMMODATIONS
Delaware is staying at The Brown Hotel – 335 West Broadway, Louisville, KY 40202 * DEADLINE IS 28 JULY TO GUARANTEE A ROOM
A $100 deposit is required to reserve a room.

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

TRANSPORTATION – *** **The Brown Hotel will provide FREE shuttle service from the airport. Call 502-209-7346 for service.**

Arrival Airline: _____Flight #_____Arrival Time: _____
Departure Airline: _____Flight #_____Arrival Time: _____

METHOD OF PAYMENT - Check or Cash

Check # _____ Make check payable to: *National Guard Association of Delaware*

$_____ Total Cost for Conference Registration Fees
$_____ Hotel Deposit
$_____ Total Cost of Additional Conference Events
$_____ **Total Amount**

Please note any special requirements:

**** RETURN THIS FORM WITH PAYMENT TO: Len Gratteri, 250 Airport Road, New Castle, DE 19720

or - email Len.gratteri@yahoo.com