

# 139<sup>th</sup> 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 a	oplicable)			
Address		City	State Zip _	
E-mail	Phone	Type of M	lembership	
By providing an e-mail address, NGADE will put yo	u on the Conference Update Email Distr	ribution List		
SPOUSE OR GUEST REGISTRATION				
Check one if applicable:	Spouse Guest			
Full Name		Name or	n Badge	
(Include Rank/Title/Prefix/Suffix if a	pplicable)			

NGAUS REGISTRATION FEE: NGAUS member and member's guest pay <u>\$180 each</u>. (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	MeGuestBoth	<mark>\$125/person</mark>
CG/WO Mixer	September 7	MeGuestBoth	Free (appropriate rank only)
Fun Run	September 8	MeGuestBoth	<mark>\$20/person</mark>
Spouses Luncheon	September 9	MeGuestBoth	Free
Warrant Officer Luncheon	September 9	MeGuestBoth	Free
<b>Retired/Separated Luncheon</b>	September 9	MeGuestBoth	<mark>\$5/person</mark>
States Dinner	September 10	MeGuestBoth	Free

#### ACCOMMODATIONS

Total for Events \$ \_\_\_\_\_

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

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