

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 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
Retired/Separated Luncheon	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