



REGISTRATION FORM

National Association of Marine Surveyors, Inc. 57th Annual National Marine Conference March 24-26, 2019

Direct conference questions to NAMSGlobal at 281-480-6267

Mail Registration form to: NAMS • 17049 El Camino Real, Suite 208 • Houston, Texas 77058

Email: office@namsglobal.org • Fax to: 281-480-6817

Hilton Vancouver Washington

301 W. 6th Street

Vancouver, WA 98660

Reservation can be made by calling **800 445-8667**. Group Room Block Space is limited and only available until Friday, February 22, 2019. Ask for the NAMS Room rate \$149.00nt plus taxes. Single / Double standard room. Additional charges for upgrades. OR by booking online: <http://group.hilton.com/nationalassociationofmarinesurveyorsinc>

Conference Registration Fees (U.S. dollars)

	If received by Feb 10	If received after Feb 10
Member	\$ 545.00	\$ 595.00
Non-Member	\$ 595.00	\$ 645.00

Sub-Total for Conference Fees \$ _____

Registration fee includes: Sunday evening Welcome Reception and Monday evening President's Reception. Fee also includes: Monday and Tuesday Breakfast/Lunch

**** Reception does not include and spouse / companion. Please see note below regarding a small charge.**

Please indicate your choices below.

- I will NOT be attending the reception _____ Sunday _____ Monday
- One (1) or Two (2) will be attending the reception _____ Sunday _____ Monday

********Spouse / Companion Cost for Sunday & Monday Receptions (one time charge) (\$ 50.00) \$ _____

Additional Tickets for Sunday Reception (\$ 90.00 each) _____ Presidents Reception (\$ 100.00 each)

Number of extra tickets Sunday _____ Monday _____ Sub-Total for extra Tickets \$ _____

Spouse/Companion Attending Seminar Luncheon (Monday \$ 45.00) (Tuesday \$ 45.00) Please Specify Day

Number for Luncheon _____ Sub-Total for Luncheon \$ _____

"Ladies Day Out" Tour Program for Spouse/Companion, Cost \$100.00 (Lunch additional).

Number for tour _____ Sub-Total for tour \$ _____

TOTAL AMOUNT U.S. \$ _____

Attendee Name to appear on conference badge _____

Email _____ Cell _____

Spouse / Companion Name to appear on badge _____

Method of Payment **Check** **MasterCard** **Visa**

*******All credit card transactions will include a \$ 25.00 Administrative fee.******* Credit

Card Number _____ Exp. Date _____ CVV _____

Name on Card _____ Signature _____

Billing Street Address or P.O. Box _____

Billing City, State, Zip Code _____