



NMRWA 31st Annual Conference

Hotel Albuquerque at Old Town

April 6-9, 2009

ATTENDEE REGISTRATION FORM

Please print clearly and complete all items. Call us at 1-800-819-9893 if you need assistance.

Name _____

System / Organization _____ Number of Connections _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

	Check all that apply	Price per item	Item total
Full Registration – Members <i>(Includes all Event Tickets)</i>	<input type="checkbox"/>	\$200	= \$ _____
Full Registration – Non-Members <i>(Includes all Event Tickets)</i>	<input type="checkbox"/>	\$300	= \$ _____
Spouse Full Registration: Name: _____ <i>(Includes all Event Tickets)</i>	<input type="checkbox"/>	\$150	= \$ _____
Single Day – Members - circle one: Mon Tue Wed <i>(Includes Classes and Exhibit Hall Only – No Event Tickets)</i>	<input type="checkbox"/>	\$85	= \$ _____
Single Day – Non-Members - circle one: Mon Tue Wed <i>(Includes Classes and Exhibit Hall Only – No Event Tickets)</i>	<input type="checkbox"/>	\$125	= \$ _____

EXTRA EVENT TICKETS for Guests or Single Day Attendees:

	Quantity		
Monday – Exhibitor Box Lunch	<input type="checkbox"/>	_____ tickets x \$25	= \$ _____
Monday – Exhibitor Meet & Greet	<input type="checkbox"/>	_____ tickets x \$25	= \$ _____
Tuesday – Annual Banquet	<input type="checkbox"/>	_____ tickets x \$50	= \$ _____
Wednesday – Awards Luncheon	<input type="checkbox"/>	_____ tickets x \$30	= \$ _____

DISCOUNTS on Full Registration for Members of NMRWA Only:

Early Bird – PAID IN FULL before March 6, 2009	<input type="checkbox"/>	Subtract \$20	= \$ _____
System Members under 100 connections	<input type="checkbox"/>	Subtract \$15	= \$ _____

These discounts do not apply to spouse, single day, or non-member registrations

TOTAL AMOUNT DUE = \$ _____

- ✓ No refunds after March 6, 2009
- ✓ Separate application with NMED required for Operator Certification Exam – Deadline is 3/10/09 (505-827-0108)
- ✓ Hotel reservations must be made by March 6, 2009 in order to receive \$99 conference rate (505-843-6300)

Check # _____ VISA _____ MasterCard _____ Discover _____ Card # _____ Exp. _____
Name on credit card _____ Card holder's signature _____