



NMRWA 34th Annual Conference

Hotel Albuquerque at Old Town | April 2-5, 2012

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"/>	\$250	= \$ _____
Full Registration – Non-Members <i>(Includes All Event Tickets – No Discounts)</i>	<input type="checkbox"/>	\$350	= \$ _____
Spouse Full Registration: Name: _____ <i>(Includes All Event Tickets)</i>	<input type="checkbox"/>	\$100	= \$ _____
Single Day – Members - circle one: Mon Tue Wed <i>(Includes Classes and Exhibit Hall Only – No Event Tickets, No Discounts)</i>	<input type="checkbox"/>	\$100	= \$ _____
Single Day – Non-Members - circle one: Mon Tue Wed <i>(Includes Classes and Exhibit Hall Only – No Event Tickets, No Discounts)</i>	<input type="checkbox"/>	\$150	= \$ _____

EXTRA EVENT TICKETS for Guests or Single Day Attendees

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

DISCOUNTS on Full Registration for Members of NMRWA Only

	Discount	
Early Bird – PAID IN FULL before March 1, 2012	<input type="checkbox"/>	Subtract \$20 = \$ _____
System Members under 100 connections	<input type="checkbox"/>	Subtract \$15 = \$ _____

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

TOTAL AMOUNT DUE = \$

- ✓ No refunds after **March 1, 2012**
- ✓ Separate application to NMED required for Operator Certification Exam - **Deadline: March 7** (NMED: 505-827-2802)
- ✓ Hotel reservations must be made by **March 22** in order to receive \$102 conference rate (Hotel: 505-843-6300)

Check # _____ VISA ___ MasterCard ___ Discover ___ Card # _____ Exp. _____

Name on Card _____ Cardholder Signature _____