



139th NGAUS General Conference & Exposition • 7-10 September 2017, Louisville, KY

Missouri Attendee Conference Registration Form

NGAUS MEMBER REGISTRATION

Full Name _____ Name on Badge _____
(Include Rank/Title/Prefix/Suffix if applicable)
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Mobile Phone _____

SPOUSE OR GUEST REGISTRATION

Check one if applicable: ___ Spouse ___ Guest

Full Name _____ Name on Badge _____
(Include Rank/Title/Prefix/Suffix if applicable)

NGAUS REGISTRATION FEE (Set by NGAUS, not MoNGA—All Registration Fees Go to NGAUS—MoNGA Retains No NGAUS Conference Registration Fees): NGAUS Member and Member’s Guest Pay \$180 Each. (Refunds less a \$15.00 administration fee to be retained by NGAUS 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—as determined by NGAUS, not MoNGA.)

CONFERENCE EVENTS – All Fees Set by NGAUS, not MoNGA

Check which of the following events you and/or your guest(s) will attend.

NGAUS Golf Tournament	September 7	___ Me ___ Guest ___ Both	\$125/person
CG/WO Mixer	September 7	___ Me ___ Guest ___ Both	No Additional Charge
Fun Run	September 8	___ Me ___ Guest ___ Both	\$20/person
Spouses Luncheon	September 9	___ Me ___ Guest ___ Both	No Additional Charge
Warrant Officer Luncheon	September 9	___ Me ___ Guest ___ Both	No Additional Charge
Retired/Separated Luncheon	September 9	___ Me ___ Guest ___ Both	\$5/person
States Dinner	September 10	___ Me ___ Guest ___ Both	No Additional Charge

ACCOMMODATIONS

Missouri’s hotel room block is at the Galt House Hotel (www.galthouse.com). A \$100 deposit is required to reserve a room.

Check-in Date _____ Check-out Date _____; **OR** ___ I don’t need a hotel room

METHOD OF PAYMENT – Payment by Check or Credit Card/Debit Card Only—Complete the Following According to Payment Method

Check Number _____ Make Check Payable to “Missouri National Guard Association” or “MoNGA”; **OR**

Credit Card Number _____ Expiration Date _____ Zip Code of Card Billing Address _____
 Card Security Code (usually a three-digit number on the back of the card) _____

\$ _____ Total Cost for Conference Registration Fees (\$180 each)

\$ _____ Hotel Deposit (\$100)

\$ _____ Total Cost of Additional Conference Events

\$ _____ **TOTAL AMOUNT BY CHECK OR CREDIT/DEBIT CARD**

Please briefly describe any special requirements or dietary restrictions:

RETURN THIS COMPLETED FORM WITH PAYMENT TO

Dr. Joel D. Denney, Executive Director, Missouri National Guard Association, Missouri National Guard Headquarters, Ike Skelton training Site, 2302 Militia Drive, Jefferson City, Missouri 65101 • denney@mo-nga.org

If paying by credit/debit card, completed forms may be scanned and emailed to Dr. Denney