



NGMA Spring Meeting - Registration Form April 15 - 18, 2012

To register at the early bird rate, registrations must be received by March 22. **NGMA cannot guarantee availability to walk-in registrants.** NGMA cannot refund cost of meal tickets. **Cancellation deadline is March 22.** Cancellations must be submitted via mail, email or fax for a refund. All fees are in USD.

Contact Information:

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

NGMA Member Early Bird Registration Rate (register by 3/22/12) \$525 per person
Includes: Sunday reception; Monday breakfast, morning sessions, lunch and tour; Tuesday breakfast, Tuesday session, lunch, reception and dinner.

NGMA Member Regular Registration Rate (register after 3/22/12) \$625 per person
Includes: Sunday reception; Monday breakfast, morning sessions, lunch and tour; Tuesday breakfast, Tuesday session, lunch, reception and dinner.

Companion Early Bird Registration Rate (register by 3/22/12) \$260 per person
Includes: Sunday reception, Monday breakfast, lunch and tour; Tuesday breakfast, lunch, reception and dinner.

Companion Registration Rate (register after 3/22/12) \$360 per person
Includes: Sunday reception, Monday breakfast, lunch and tour; Tuesday breakfast, lunch, reception and dinner.

Golf Rate \$110 per person
Includes: Lunch and a round of golf at Patriot Points Links Golf Course on Charleston Harbor.

Please be sure to complete the other side of this form, which contains the individual registrants' information. This will help you calculate your total due.

TOTAL DUE: \$ _____

Check (make payable to NGMA)

MasterCard

Visa

Discover

Credit Card #: _____ Expiration Date: _____

3-Digit Security Code: _____ Cardholder Signature: _____

Don't forget! You can register instantly online at www.ngma.com via our secure server!

Please return this form to NGMA at 4305 North Sixth Street, Suite A, Harrisburg, PA 17110
or via fax to 717-238-9985.

Registrants' Information

| | |
|--|------------------|
| NGMA Member Early Bird Registration Rate (<i>register by 3/22/12</i>) | \$525 per person |
| NGMA Member Regular Registration Rate (<i>register after 3/22/12</i>) | \$625 per person |
| Companion Early Bird Registration Rate (<i>register by 3/22/12</i>) | \$260 per person |
| Companion Registration Rate (<i>register after 3/22/12</i>) | \$360 per person |
| Golf Rate | \$110 per person |

Name as it is to Appear on Name Badge: _____ Registration Rate: _____
1. _____ \$ _____

NGMA Member Early Bird NGMA Member Regular Companion Early Bird Companion Regular Golf

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please check here if you require any special dietary attention or have a disability and require accommodations to fully participate in this meeting. A staff member will contact you to discuss your specific needs.

Name as it is to Appear on Name Badge: _____ Registration Rate: _____
2. _____ \$ _____

NGMA Member Early Bird NGMA Member Regular Companion Early Bird Companion Regular Golf

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please check here if you require any special dietary attention or have a disability and require accommodations to fully participate in this meeting. A staff member will contact you to discuss your specific needs.

Name as it is to Appear on Name Badge: _____ Registration Rate: _____
3. _____ \$ _____

NGMA Member Early Bird NGMA Member Regular Companion Early Bird Companion Regular Golf

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please check here if you require any special dietary attention or have a disability and require accommodations to fully participate in this meeting. A staff member will contact you to discuss your specific needs.

Name as it is to Appear on Name Badge: _____ Registration Rate: _____
4. _____ \$ _____

NGMA Member Early Bird NGMA Member Regular Companion Early Bird Companion Regular Golf

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please check here if you require any special dietary attention or have a disability and require accommodations to fully participate in this meeting. A staff member will contact you to discuss your specific needs.

Total Due: \$ _____