



**General Registration
September 17-19, 2019
Galt House Hotel
Louisville, Kentucky**

Attendee Name: _____ Job Title _____

Company: _____ Spouse/Guest Name _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

	Registration Option <i>BADGE IS REQUIRED FOR ADMISSION TO ALL EVENTS</i>	Number Attending & Cost		Total Due \$
		Payment Rec'd by 8/20/19	Payment Rec'd After 8/20/19	
Full, 3-Day Conference Registration (*)=Includes Annual Membership	Individual Attendee, includes access to all conference events (*)	____ @ \$175	____ @ \$200	_____
	Spouse/Guest (includes access to all breaks and banquets)	____ @ \$125	____ @ \$150	_____
Single Event Registration (*)=Includes Annual Membership	Day One Only (9/17/19) – <i>does NOT include Get Acquainted Reception (9/17/19)</i>	____ @ \$125	____ @ \$150	_____
	Day Two Only (9/18/17) <i>does NOT include Awards Breakfast</i>	____ @ \$100	____ @ \$125	_____
	Day Three Only (9/19/19)	____ @ \$100	____ @ \$125	_____
	Get Acquainted Reception, Awards Breakfast (if not fully registered)	____ @ \$125ea.	____ @ \$150 ea.	_____
Total Due NRVMA				_____

Payment Options (Please check ONE only)

Pay at Conference _____ Check Enclosed (Payable to NRVMA) _____ Gov PO # _____



Visa Card #: _____ Expires: _____ CC# _____



MasterCard # _____ Expires: _____

NO CREDIT CARD TRANSACTIONS WILL BE TRANSMITTED BY E-MAIL. TOTAL CONFIDENTIALITY WILL BE PERFORMED IN ALL PAYMENT INFORMATION.

Refund Policy: Written requests for refunds must be received by NRVMA via regular mail, FAX or Email. If request is received prior to 8/20/19=50% Refund. If request is received 8/20/19 or later=No Refund.
Please return completed form with payment to: NRVMA, 5616 Lynchburg Circle, Hueytown, AL 35023
 Fax (205) 491-2725 Email: Jreynoldsnrvma@charter.net