



140th NGAUS General Conference & Exhibition, 23-27 August 2018,
New Orleans, LA



NGAUS Conference Attendee Registration Form

MEMBER REGISTRATION

Check any if applicable: ___ Retiree ___ Current TAG ___ Former TAG ___ I would like to be considered as a delegate for my state

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

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ NGAUS Membership ID # _____
By providing an e-mail address, INGOA will be able to send to you conference updates, special event invitations, etc. (Member ID is on mailing label of NGAUS Magazine, leave blank if you cant find it)

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: NGAUS members registration is free courtesy of INGOA, member's guest pay \$180 each.

RSVP deadline is 31 July 2018, cancellations after 31 July 18 will incur a \$15 administrative fee

CONFERENCE EVENTS

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

NGAUS Golf Tournament	August 24	___ Me ___ Guest ___ Both	\$125/person
CG/WO Mixer	August 24	___ Me ___ Guest ___ Both	Free
Fun Run	August 25	___ Me ___ Guest ___ Both	\$25/person
Governor's Reception	August 25	___ Me ___ Guest ___ Both	Free
Spouses Luncheon	August 26	___ Me ___ Guest ___ Both	Free
Retired/Separated Luncheon	August 27	___ Me ___ Guest ___ Both	\$5/person
States Dinner	August 27	___ Me ___ Guest ___ Both	Free

ACCOMMODATIONS

Iowa's hotel room block is at Hilton New Orleans Riverside A \$100 deposit is required to reserve a room.

Check-in Date _____ Check-out Date _____ OR ___ I don't need a hotel room

TRANSPORTATION

Arrival Airline: _____ Flight # _____ Arrival Time: _____

Departure Airline: _____ Flight # _____ Arrival Time: _____

METHOD OF PAYMENT - Check or Credit Card

Check # _____ Make check payable to INGOA:

CC Type _____ CC # _____ CVV _____ CC Expiration Date _____ Zip Code _____

\$ _____ Total Cost for Conference Registration Fees

\$ _____ Hotel Deposit

\$ _____ Total Cost of Additional Conference Events

\$ _____ Total Amount

Please note any special requests:

RETURN THIS FORM WITH PAYMENT TO INGOA, PO Box 194, Johnston, IA 50131

For questions, please email the INGOA secretary at ingoa-secretary@iowaofficers.org