

NATIONAL ASSOCIATION OF ARCHITECTURAL METAL MANUFACTURERS
2019 Fall Meeting | November 9-10, 2019
Hilton Suites Chicago Magnificent Mile | Chicago, IL

REGISTRATION FORM

Please complete this form to register all members and guests from your company. If you need to register more people, please print another copy of this form to complete.

Name 1: _____ Division: _____

Phone: _____ E-Mail: _____

Spouse/Guest: _____ E-Mail: _____

Emergency Contact Name and Phone #: _____

Dietary Concerns (if any): _____

Name 2: _____ Division: _____

Phone: _____ E-Mail: _____

Spouse/Guest: _____ E-Mail: _____

Emergency Contact Name and Phone #: _____

Dietary Concerns (if any): _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

FEES - Please indicate quantity below to determine total fees.

_____ 1st Member Registration - \$150.00 \$ _____ USD

_____ Additional Members - \$250.00/person , \$ _____ USD

_____ Non-Member Registration - \$375.00/person \$ _____ USD

_____ AMP Members - \$325.00, including 1st Member \$ _____ USD

_____ Spouses/Significant Others No charge

_____ Lab Guest No charge

_____ Apprentice Participant No charge

Total Annual Meeting Fees \$ _____ USD

OVER

NAAMM FUNCTION ATTENDANCE: Please indicate your attendance for the following NAAMM functions. Please note – some functions are only open to certain committees or task groups.

Saturday, November 9, 2019

HMMA Executive Meeting (HMMA Executive Members)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
MBG Technical Subcommittee Review	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
HMMA Strategic Planning Task Groups	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
Board of Directors Meeting (Board Members)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
HMMA Technical Committee Workshop (HMMA Tech Committee Members)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
Welcome Reception	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
	<input type="checkbox"/> Spouse 1	<input type="checkbox"/> Spouse 2

Sunday, November 10, 2019

Division Meetings (Morning)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
NAAMM Education Session/Business Meeting	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
	<input type="checkbox"/> Spouse 1	<input type="checkbox"/> Spouse 2
Business Lunch	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
	<input type="checkbox"/> Spouse 1	<input type="checkbox"/> Spouse 2
Division Meetings (Afternoon)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
Board of Directors Meeting (Board Members)	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
Closing Reception	<input type="checkbox"/> Attendee 1	<input type="checkbox"/> Attendee 2
	<input type="checkbox"/> Spouse 1	<input type="checkbox"/> Spouse 2

**Return registration form by October 9, 2019 with payment to:
NAAMM, 800 Roosevelt Rd., Bldg. C-312, Glen Ellyn, IL 60137, Fax: 630-790-3095**

Refunds are not guaranteed for cancellations received later than October 9, 2019.

PAYMENT INFORMATION

Please make check payable to NAAMM or indicate credit card information.

Check Enclosed Check to Follow Visa MasterCard American Express

Credit Card #: _____ CVV: _____ Exp. Date: _____

Name on Credit Card: _____ Billing Address: Same as above

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

Office Use Only Date Rec'd: _____ Amt. Rec'd: _____ Date Ent'd: _____ By: _____