

**NATIONAL ASSOCIATION OF ARCHITECTURAL METAL MANUFACTURERS**  
**2018 Spring Meeting | April 20-22, 2018**  
**Naples Beach Hotel & Golf Club**  
**Naples, FL**

**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 #: \_\_\_\_\_

Name 2: \_\_\_\_\_ Division: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Spouse/Guest: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FEES - Please indicate quantity below to determine total fees.**

\_\_\_\_\_ 1<sup>st</sup> Member Registration - \$150.00 \$ \_\_\_\_\_

\_\_\_\_\_ Additional Members - \$250.00/person , \$ \_\_\_\_\_

\_\_\_\_\_ Spouses/Significant Others – FREE No charge

\_\_\_\_\_ Lab – FREE No charge

\_\_\_\_\_ Non-Member Registration - \$375.00/person \$ \_\_\_\_\_

\_\_\_\_\_ Golf Scramble - \$135.00/person with refreshments \$ \_\_\_\_\_

\*All AMP Members pay \$325.00, including 1<sup>st</sup> Member \$ \_\_\_\_\_

**Total Annual Meeting & Golf Fees** \$ \_\_\_\_\_  
 (U.S. Funds)

**OVER**

**NAAMM FUNCTION ATTENDANCE:** Please indicate your attendance for the following NAAMM functions.

**Friday, April 20, 2018**

- HMMA Exec Meeting (HMMA Exec Members) \_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- HMMA Tech Committee Workshop Meeting (HMMA Tech Committee Members) \_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Board of Directors Meeting (Board Members) \_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Welcome Reception \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2

**Saturday, April 21, 2018**

- Continental Breakfast \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2
- Division Meetings, a.m. (please indicate name of division): \_\_\_\_\_  
\_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Division Meetings, p.m. (please indicate name of division): \_\_\_\_\_  
\_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Reception and Dinner \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2

**Sunday, April 22, 2018**

- Continental Breakfast \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2
- Division Meetings, a.m. (please indicate name of division): \_\_\_\_\_  
\_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Board of Directors Meeting (Board Members) \_\_\_\_\_ Attendee 1 \_\_ Attendee 2
- Golf Scramble (indicate handicap on line) \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2
- Hospitality Suite \_\_\_\_\_ Attendee 1 \_\_ Attendee 2  
\_\_\_\_\_ Spouse 1 \_\_ Spouse 2

**Return registration form by March 31, 2018 with payment to:  
NAAMM, 800 Roosevelt Rd., Bldg. C-312, Glen Ellyn, IL 60137, Fax: 630-790-3095**

Refunds may not be guaranteed for cancellations received later than March 31, 2018.

**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: \_\_\_\_\_