

2019 Interim Meeting Registration Form

January 13-16, 2019 / Charleston, South Carolina



Please complete registration form legibly. Illegible forms may delay processing times. Submit form in one of the following ways:
E-mail. elisa.stritt@ncwm.net **Mail:** 1135 M Street, Suite 110 / Lincoln, NE 68508 **P.** 402.434.4880 **F.** 402.434.4878

ATTENDEE INFORMATION			
Select Registration Option:			
<input type="checkbox"/> NCWM Member			
<input type="checkbox"/> Non-Member			
<input type="checkbox"/> Retired Member: A person who has retired member status.			
<input type="checkbox"/> Observer: A first-time attendee; allows full participation in all sessions and discussions, but does not include the Chairman's Reception.			
<input type="checkbox"/> 1 Day (Sunday): Attendee will have meeting privileges on Sunday ONLY.			
Member ID #:	Name:	Name for Badge:	
Organization / Jurisdiction:		Title:	
Street Address:			
City:	State:	Zip Code:	Country:
Phone Number:	Email Address (Required):		
ATTENDEE'S GUEST INFORMATION			
Name:		Name for Badge:	

Note: a \$25.00 fee will be added to on site registrations

	Registration Fees Before (12/20/18)	Registration Fees After (12/20/18)	Chairman's Reception	Light Breakfast
NCWM Member	\$300.00	\$350.00	included	included
Non-Member	\$375.00	\$425.00	included	included
Retired Member	\$0.00	\$0.00	included	included
Observer	\$100.00	\$150.00	\$35.00	included
Attend Sunday ONLY	\$100.00	\$150.00	included	N/A
Guest	N/A	N/A	\$35.00	\$30.00 (4 day package)

SPECIAL EVENTS	
	Will <u>Your Guest</u> Be Having the <u>Light Breakfast</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No
Will <u>You</u> Be Attending the <u>Chairman's Reception</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Will <u>Your Guest</u> Be Attending the <u>Chairman's Reception</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No

No verbatim recordings using a device such as, but not limited to, an audio or video recorder, stenotype, or stenographer are permitted. Written reports will serve as the official record for meetings.

Complete payment information on Page 2.

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PAYMENT INFORMATION																										
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check Enclosed (made payable to NCWM)																										
Account Number:																Exp. Date:					Security Code:					
Billing Address:													Zip Code:													
Name on Card:											Total Amount Enclosed:															
											\$															

Cancellation Policy: Cancellations received by December 20, 2018 are subject to a 15% cancellation fee. Cancellations received after December 20, 2018 are subject to a 50% cancellation fee. No refunds will be given after the event has commenced. In the case of a state-declared natural emergency a full refund will be issued. Refund requests due to personal medical emergencies shall be considered based on documentation. In such instances, a full refund may be issued. Refunds will only be made on registration fees paid to the National Conference on Weights and Measures.