

REGISTRATION FORM - 2018 NMPS ANNUAL CONFERENCE

**SANDIA RESORT & CASINO
30 RAINBOW RD NE
ALBUQUERQUE, NEW MEXICO 87113
APRIL 27TH AND 28TH, 2018**

Call (505) 798-3930 or go to www.nmps.org for Lodging Reservations!

*Note: You **must specify** New Mexico Professional Surveyors group block for special rate!*

(Only one person per form!)

NAME: _____ Personal Business

ADDRESS: _____ Personal Business

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Personal Business

EMAIL: _____

EMPLOYER NAME: _____

Please Check One

	Friday Only	Saturday Only	Both
Member	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$355
Non-Member	<input type="checkbox"/> \$445	<input type="checkbox"/> \$445	<input type="checkbox"/> \$520
Technician/Intern Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$155	<input type="checkbox"/> \$230
Technician/Intern Non-Member	<input type="checkbox"/> \$279	<input type="checkbox"/> \$279	<input type="checkbox"/> \$354

Note: Deduct \$25 for all registrations postmarked on or before March 31st, 2018

<i>Registration Fees</i>	
<i>Early Regist. Discount (See note above)</i>	
<i>Total Amount Due</i>	

**Before March 31st, 2018
(Make Checks Payable To: NMPS)**

Will you have a 7-12 yr old attending the Olan's Project? No Yes How many kids? _____

Note: All credit card charges will incur a 3% processing fee

Credit card #: _____

Name on Card (Please Print) _____

Billing Address _____ City _____

State _____ Zip _____ Exp. Date _____

I hereby authorize NMPS to bill my credit card for the Total Amount Due.

Signature: _____ Date: _____

Early Registration forms must be postmarked by March 31, 2018 to receive discounted rate.
NO EXCEPTIONS! No refunds, cancellations or attendee changes can be made 7 days or less prior to event.

Return completed form and checks made payable to: NMPS, Executive Director, 412 N. Dal Paso, Hobbs, NM 88240, email to patty.nmps@gmail.com, or fax to (575) 393-4836.

Out-of-state Licensed Surveyors are eligible for membership rates if a copy of a current ID card is provided from your state's organization.

OFFICE USE ONLY: Postmark Date _____ Check/Inv # _____