

REGISTRATION FORM - 2019 NMPS ANNUAL CONFERENCE

BUFFALO THUNDER RESORT & CASINO

20 BUFFALO THUNDER TRAIL

SANTA FE, NM 87506

APRIL 12TH AND 13TH, 2019

Call (800) 774-1500 or go to www.nmps.org for Lodging Reservations!

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

(Only one person per form!)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL (print legibly): _____

Please Check One

	Friday Only	Saturday Only	Both
Member	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	<input type="checkbox"/> \$380
Non-Member	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470	<input type="checkbox"/> \$545
Technician/Intern Member	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$255
Technician/Intern Non-Member	<input type="checkbox"/> \$304	<input type="checkbox"/> \$304	<input type="checkbox"/> \$379

Note: Deduct \$25 for all registrations postmarked on or before February 28th, 2019

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

Before February 28th, 2019

(Make Checks Payable To: NMPS)

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 _____ CVV _____

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

Signature: _____ Date: _____

Early Registration forms must be postmarked by February 28, 2019 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 # _____