

# REGISTRATION FORM - 2020 NMPS ANNUAL CONFERENCE

BUFFALO THUNDER RESORT & CASINO

20 BUFFALO THUNDER TRAIL

SANTA FE, NM 87506

MAY 1<sup>ST</sup> AND 2<sup>ND</sup>, 2020

Call (800) 774-1500 or go to [www.nmps.org](http://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: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL (please print): \_\_\_\_\_

### Please Check Only One Box

	Friday Only	Saturday Only	Both
Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$315	<input type="checkbox"/> \$390
Non-Member	<input type="checkbox"/> \$480	<input type="checkbox"/> \$480	<input type="checkbox"/> \$555
Technician/Intern Member	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$265
Technician/Intern Non-Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$315	<input type="checkbox"/> \$390

Registration Fees

Early Regist. Discount (See note)

Total Amount Due


Note: Deduct \$25 for all registrations postmarked no later than March 31, 2020

(Make Checks Payable To: NMPS)

\*\*\*I would like a non-meat lunch on Friday\*\*\*

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.

Early Registration forms must be postmarked by March 31, 2020 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, or email to [patty.nmps@gmail.com](mailto:patty.nmps@gmail.com).

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 # \_\_\_\_\_