Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

***CONFERENCE REGISTRATION PURCHASE:***

***Quantity: Amount Paid:***

*Catalog/Etail –* ***Membe****r* - $849 each \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

*Catalog/Etail – NON-member* - $1,149 each \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

*Supplier/Service Provider -* ***Member* -** $949 each \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

*Supplier/Service Provider – NON-Member* - $1,249 each \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

*Other (explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*  \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

**TOTAL $ \_\_\_\_\_\_\_\_\_\_**

***FORM OF PAYMENT: (All fields below are required. We will email you a receipt. Thank you)***

CHECK #\_\_\_\_\_\_\_\_ (Payable to NEMOA)

CREDIT CARD AmEx \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Billing Address (if different from above):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



NEMOA: PO Box 658 Scarborough, ME 04070; Tel: 207-885-0090; Fax: 207-885-0097; [www.nemoa.org](http://www.nemoa.org); terri@nemoa.org; Tax ID #: 22-2572407