

# 2017 ANNUAL MEETING REGISTRATION FORM

- I/We will attend the Annual Meeting (including all sessions, breaks, awards banquet, and field trips). Please reserve \_\_\_\_ places at \$245 each, for registrations made before 31 March, or \$265 after that date.
- I/we wish to attend only on the day(s) checked below:
- Monday, 15 May—includes continental breakfast & lunch, all lectures, reception at Tommy Condon's. Please reserve \_\_\_\_ places at \$125 each.
- Tuesday, 16 May—includes continental breakfast & lunch, harbor cruise to Fort Sumter and all lectures. Please reserve \_\_\_\_ places at \$125.00 each.
- Wednesday, 17 May—includes continental breakfast & lunch, tour of *H. L. Hunley*, final banquet. Please reserve \_\_\_\_ places at \$145 each.
- Please make me a Sponsor of the Annual Meeting. My \$1,200 contribution includes two places at the conference.
- Please make me a Donor of the Annual Meeting. My \$600 contribution includes one place at the conference.
- I would like to help NMHS with a donation of \_\_\_\_\_.

## From:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF GUEST \_\_\_\_\_

TELEPHONE (        ) \_\_\_\_\_

EMAIL \_\_\_\_\_

## Payment:

I am enclosing my check to "NMHS" for \$ \_\_\_\_\_

Please bill \$ \_\_\_\_\_ to my

Visa    MasterCard    American Express    Discover

NAME ON CARD \_\_\_\_\_

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Return this form to: NMHS, PO Box 68, Peekskill, NY 10566,  
or telephone 1-800-221-NMHS (6647) ext. 0.