



NMLZO



Semi-Annual Meeting/Workshop

MAY 1-3, 2019 ALBUQUERQUE MARRIOTT UPTOWN

ADVANCE REGISTRATION

NAME _____ TITLE _____

EMPLOYERS NAME: _____
Municipality or County

MAILING ADDRESS _____
Including City/State/Zip

BILLING ADDRESS _____
Including City/State/Zip

EMAIL _____ PHONE _____
For Registration Confirmation

For ADA Needs, contact Colette Schobbens at (800) 432-2036

REGISTRATION RATES

Check all of the appropriate boxes.

Full Meeting *(Includes Wed. - Fri. training & all functions/meals etc.):*

Early Registration By April 17th \$185
Late Registration After April 17th \$230

Full Meeting Registrant will attend: Social (5/1/19)
 Luncheon (5/2/19)
 Vegetarian Meal
 Gluten Free

Land Use Officials 1-Day Training *(Thurs. only includes luncheon):*

Early Registration By April 17th \$130
Late Registration After April 17th \$155

One-Day Registrant will attend: Luncheon (5/2/19)
 Vegetarian Meal
 Gluten Free

PAYMENT INFORMATION: Check made payable to NMML

Check Enclosed
 Will Bring to Meeting *(Include member ID on check/stub.)*
 Purchase Order # _____
 Charge registration fee to: Visa or MC listed below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of \$ _____

Card #: _____ Exp. Date: _____

Name of Card Holder: _____
(If different from Registrant Name)

Card Holder Signature: _____

RETURN BY WEDNESDAY, APRIL 24TH TO:

Valerie Maes • vmaes@nmml.org
PO Box 846 • Santa Fe, NM 87504
Phone (800) 432-2036 or (505) 982-5573 • Fax (505) 984-1392

SPOUSE/GUEST RATES: *(Includes all functions/meals etc.)* Registration will not processed unless payment is enclosed.

Early Registration Fee: \$70.00 (By April 17th)
Late Registration Fee: \$85.00 (After April 17th)

Name: _____
Email: _____
For registration confirmation

Spouse/Guest will attend:

Social (5/1/19) Vegetarian Meal
 Luncheon (5/2/19) Gluten Free

PAYMENT INFORMATION: Check made payable to NMML

Check Enclosed *(Include spouse/guest registrant name on check/stub.)*
 Included on Registrants Purchase Order. # _____
 Charge spouse/guest fee to registrant's Visa or MC listed to the left.
 Charge spouse/guest registration fee to: Visa or MC listed below.

NMML is authorized to use the card below to pay registration fee(s) in the amount of \$ _____

Card #: _____ Exp. Date: _____

Name of Card Holder: _____
(If different from registrant name)

Card Holder Signature: _____

NMML REGISTRATION/CANCELLATION POLICY:

- After April 24th you **must** register on-site.
- Cancellations must be received in writing by April 24th.
- A \$25 fee charged for all cancellations, including weather related no shows.
- No refunds after April 24th.
- Pre-registered no shows are responsible for full registration fee.
- Credit card transaction(s) processed immediately.
- Receipts available upon registration check-in.
- Registration confirmations will be emailed.
- Policy applies to Spouse/Guest Registrants.
- By submission of this form, I agree to all registration/cancellation policies.