**COAST GUARD AUXILIARY NATIONAL CONFERENCE**

**2020 REGISTRATION FORM**

**** Rosen Centre, Orlando, Florida

17 August – 23 August 2020

**MAIL-IN REGISTRATION FORM**

**Mail to: Pam Herring, N-CR, 14904 Senator Way, Carmel IN 46032**

**Do not MAIL registrations to the above address after 4 August.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check one: Auxiliarist \_\_\_ Active Duty\_\_\_ Guest \_\_\_ Other\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auxiliary Office: \_\_\_\_\_ or CG Rank \_\_\_\_\_\_\_ 1st Time Attendee \_\_\_

Auxiliary Member # \_\_\_\_\_\_\_\_\_\_\_\_

2nd attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check one: Auxiliarist \_\_\_ Coast Guard \_\_\_ Guest \_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auxiliary Office: \_\_\_\_\_\_\_or CG Rank \_\_\_\_\_\_\_1st time attendee \_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**This must be completed)**

**Item Number Price Amount**

**Registration: All attending meetings or workshops**  **must be registered**

Registration fee if paid by July 31, 2020 \_\_\_\_\_\_\_ $28.00 \_\_\_\_\_\_\_

Late Registration fee on or after Aug. 1, 2020 \_\_\_\_\_\_\_ $40.00 \_\_\_\_\_\_\_

**Friday Night Fellowship Dinner\***

Traditional Buffet \_\_\_\_\_\_\_ $62.00 \_\_\_\_\_\_\_

**Saturday National Commodore’s Banquet choices\***

Grilled Flank Steak \_\_\_\_\_\_\_ $72.00 \_\_\_\_\_\_\_

Chicken Fontina \_\_\_\_\_\_\_ $72.00 \_\_\_\_\_\_\_

Pan Seared Mahi Mahi with Tropical Salsa \_\_\_\_\_\_\_ $72.00 \_\_\_\_\_\_\_

**\*Required for reimbursable orders**

Please contact Pam Herring [bherringpa@aol.com](mailto:bherringpa@aol.com) if you require modifications to the announced menu selections.

**Friday International Luncheon - Open to all Attendees**

**(NACO, VNACO, DNACOs to attend)** \_\_\_\_\_\_\_\_$40.00\_\_\_\_\_\_\_\_

**Saturday NAC Luncheon - Open to all Attendees**

**(NACO, VNACO, DNACOs to attend)**  \_\_\_\_\_\_\_\_$40.00\_\_\_\_\_\_\_\_

**Registration and Events Total Total** \_\_\_\_\_\_\_

Payment **options:**

Make check payable to **Coast Guard Auxiliary Association, INC,**  for the total amount and **MAIL** with registration form.

***OR***

To pay by credit card: **PRINT CLEARLY ALL ENTRIES** BELOW, then **MAIL** registration form. **DO NOT E MAIL PAYMENT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Info: Dist.\_\_\_Div.\_\_\_ Flotilla\_\_\_ (Required)

*(Name must be as appears on the credit card)* **Type of Card: MC \_\_\_ VISA \_\_\_ AMEX \_\_\_ DISC \_\_\_**

**Address/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Must be billing address for the credit card) **Expiration Date: MO/YR. \_\_\_\_\_\_ / \_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Validation Number \_\_\_\_\_\_\_\_\_ (3 digits on back of card)**

**Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_**

**Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Disclosure statement pursuant to S6115 of the Internal Revenue Code: The value of the goods and services which you will receive for the registration fee is equal to the amount of the fee. Therefore, no part of the registration fee constitutes a charitable contribution.

dh ver 1.00 4/17//2020