



COAST GUARD AUXILIARY NATIONAL CONFERENCE



2021 REGISTRATION FORM

Rosen Centre, Orlando, Florida

16 August – 21 August 2021

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 & DSO workshops must be registered			
Registration fee if paid by July 31, 2021	_____	\$35.00	_____
Late Registration fee on or after Aug. 1, 2021	_____	\$45.00	_____
Friday Night Fellowship Dinner			
Traditional Buffet	_____	\$65.00	_____
Saturday National Commodore's Banquet choices			
Grilled Flank Steak	_____	\$75.00	_____
Chicken Fontina	_____	\$75.00	_____
Pan Seared Mahi Mahi with Tropical Salsa	_____	\$75.00	_____

Required for reimbursable orders (ON ORDERS MUST STAY IN ROSEN CENTRE HOTEL)

Please contact Pam Herring bherringpa@aol.com if you require modifications to the announced menu selections.

Friday International Luncheon - Open to all Attendees

(NACO, VNACO, DNACOs to attend) _____ \$42.00 _____

Saturday NAC Luncheon - Open to all Attendees

(NACO, VNACO, DNACOs to attend) _____ \$42.00 _____

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.