

Fax to: Alex Johnson 202-347-0722

NMA 1012 TENTH STREET, NW, WASHINGTON, DC 20001

**Exhibit REGISTRATION FORM
REGION I & VI
Halfmoon Hotel - May 27 - 31, 2010**

Name _____ Title _____

Name/Company _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____ Email _____

Mandatory

Please Indicate Choice of Payment

Check _____

Fax or Mail Credit Card Payment AX _____ Visa _____ MC _____ **Dinners** _____

A/C # _____ V code _____ Exp. Date ____/____

Registration fee \$100.....\$ _____

Exhibits \$500.....\$ _____

Total\$ _____

I authorize NMA to charge my credit card in the amount of \$ _____

Signature _____ **Date** _____