## PRE-REGISTRATION FORM NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

mosquito control for health and comfort <a href="https://www.nmca.org">www.nmca.org</a>

|  |  |                    | VPORT MAR<br>ORT, RHODI                         |  |  |                              |  |
|--|--|--------------------|---|--|--|------------------------------|--|
|  |  |                    | EMBER 7 –                                       |  |  |                              |  |
| NAME:                                  |  |                    |   |  |  |                              |  |
| ORGANIZATIO                            | N:   |                    |   |  |  |                              |  |
| MAILING ADDRESS:                       |  |                    | CITY/STATE:                                     |  |  |                              |  |
| ZIP:                                   | _ E-MAIL:  |                    |   | PHONE:   |  |                              |  |
| *******                                | ******   | ******             | *******   | ******   | ******   | *****                        |  |
|  |  | Pre-R              | egistration Fee                                 | Schedule   |  | 7                            |  |
|  | Delegate <sup>1</sup> \$225 Spouse/Companion/Children <sup>2</sup> \$50 Associate/Student <sup>3</sup> \$115 Honorary MembersNo Charge |                    |   |  |  |                              |  |
| ************************************** | attendance at scienti  | TION I             | s, coffee breaks<br>deduct \$30 (An<br>DEADLINE | Towal Dues) from I  Toward Dues fr | ter & membersl<br>Delegate fee<br>********************************** | <sup>2</sup> , 2015 <b>←</b> |  |
| Name(s) (as it                         | should appear on ba  | dge) – <i>incl</i> | ude additional s                                | heets if necessar  | y  |                              |  |
|  |  |                    | <u>Delegate</u>                                 | <u>Companion</u>   | <u>Children</u>  | <u>Associate</u>             |  |
|  |  |                    |   |  |  |                              |  |
|  |  |                    |   |  |  |                              |  |
|  |  |                    |   |  |  |                              |  |
|  |  |                    |   |  |  |                              |  |
| Sub Totals:                            |  |                    |   |  |  |                              |  |
| Total Remitted                         | s\$ma  |                    |   |  |  |                              |  |
| SIGN M                                 | E UP FOR THE NMO   | CA LISTSE          | ERVE-MAIL _                                     |  | e write clearly  |                              |  |