

Monday March 27 – Wednesday, March 29, 2017
St. Charles Embassy Suites, St. Charles, Missouri

Manufacturer's Registration Form

Firm _____

Address _____

City _____ State, Zip _____

Phone _____ Fax _____

THE FOLLOWING WILL BE ATTENDING THE CONFERENCE. (PLEASE PRINT NAMES EXACTLY AS YOU WANT THEM TO APPEAR ON CONFERENCE BADGES AND IN PROGRAM BOOK.)

Name _____ Title _____

Email _____

Name _____ Title _____

Email _____

Name _____ Title _____

Email _____

Name _____ Title _____

Email _____

***No partial registrations will be accepted. Deadline for Registrations is February 22, 2017.
Cancellations will be accepted until March 6, 2017, thereafter no refunds will be made.***

Conference Package Registration Fee Schedule

	Register & Pay by January 26, 2017	Register on or after January 27, 2017
First Manufacturer Executive	\$425.00	\$475.00 _____
Each Additional Attendee	\$375.00	\$425.00 _____
Total Registration Fees Due \$ _____		

Include your check in full payment of registration fees. Do **NOT** include a room deposit.

Any questions please call Nancy or Jerri at 860.767.7898.

Complete this form and return it to: National Marine Distributors Association
37 Pratt Street, Ste. 2
Essex, CT 06426