

NABSTMC SUMMER CONFERENCE 2010 REGISTRATION FORM

Las Vegas, Nevada

Please complete this form and remit along with your payment to:

Daniel Brown
Secretary, NABSTMC
25 Kenmore Street
Cranston, RI 02905

State _____ Chapter _____ President _____ Email _____

Full Name _____ Registration Fee _____

No. of Rooms _____ Room King/Dbl _____

Arrival Date _____ Departure Date _____

Emergency Contact _____ Phone No. _____

Full Name _____ Registration Fee _____

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