


Registration Made Simple!

 **Mail it in!**
 P.O. Box 783
 Elk Grove Village, IL 60009-0783

 **Fax it in!**
 847-759-6966
 Attn: NCMA Registration

 **Online!**
<https://www.cteusa.com/ncma11>

Payment must be made at the time of registration. NCMA accepts MasterCard, Visa, American Express, Discover, and personal/company checks. (NCMA does not accept purchase orders.)

Registration must be received by July 13, 2010. If not received by July 13, 2010, you must register on site. Each individual must complete a separate registration form.

Foreign Payment

Registration fees may be paid by credit card or by checks drawn on U.S. banks in U.S. (\$) dollars. NCMA does not accept purchase orders from foreign governments and will not invoice them for payment.

Cancellations, Substitutions, and Requests for Refunds

All cancellations, substitutions, and requests for refunds must be done in writing and e-mailed to: ncma11-reg@cteusa.com, or faxed to 847-759-6966. Substitutions are welcome! Registrants who are unable to attend the meeting/ training must fax or e-mail their cancellation or refund request on or before July 9, 2010. A \$150 administrative fee will be applied to all cancellations received before July 9, 2010. No refunds will be issued for cancellations received after 5:00 pm Central Time, July 9, 2010. Refunds will not be issued for no-shows.

Badge switching/sharing is prohibited. ID will be required at check-in.

Questions

If you have any questions, contact NCMA Registration at ncma11-reg@cteusa.com or 847-759-4266.

REGISTRATION FORM

WORLD CONGRESS 2010

JULY 18-21, 2010 • FT. LAUDERDALE, FLORIDA



Greater Fort Lauderdale—Broward County Convention Center, Fort Lauderdale, Florida

CONTACT INFORMATION

Please print your name as you would like it to appear on your badge.

FIRST NAME _____	M.I. _____	LAST NAME _____	DESIGNATION (CPCM, CFCM, CCCM) _____
NCMA MEMBER NUMBER _____	COMPANY/AGENCY NAME _____	TITLE _____	
STREET ADDRESS _____		CITY _____	STATE _____ ZIP _____
PHONE NUMBER _____	FAX NUMBER _____	E-MAIL _____	
EMERGENCY CONTACT/PHONE NUMBER _____		<input type="checkbox"/> Please check here for any special needs. We will contact you.	

CONFERENCE REGISTRATION

Advance	One-Day	Post-conference Seminars	Special Events	Fee Totals
(On or before June 11, 2010) <input type="checkbox"/> \$950 Member <small>(member number required)</small> <input type="checkbox"/> \$1,075 Nonmember*	Monday, July 19 <input type="checkbox"/> \$650 Tuesday, July 20 <input type="checkbox"/> \$650 Wednesday, July 21 <input type="checkbox"/> \$650	(Seminars run concurrently) Thursday, July 22 8:30am–4:30pm Hilton Marina Hotel <input type="checkbox"/> Cost Estimating and Contract Pricing <input type="checkbox"/> Risk Management <input type="checkbox"/> Contract Types <input type="checkbox"/> \$295 Member/Conference Attendee <input type="checkbox"/> \$325 Member/Seminar Only <input type="checkbox"/> \$345 Nonmember/Conference Attendee <input type="checkbox"/> \$395 Nonmember/Seminar Only	Gala Cruise Monday, July 19 7:00pm–10:00pm Grand Floridian Yacht <input type="checkbox"/> \$85 Single <input type="checkbox"/> \$150 Couple** Golf Tournament Friday, July 16 7:00am–1:00pm The Diplomat Golf Resort INDIVIDUAL FEES <input type="checkbox"/> \$150 per person SPONSORSHIP FEES <input type="checkbox"/> \$1000 Tournament Sponsor; <small>(\$400 is tax-deductible)</small> <input type="checkbox"/> \$125 Hole Sponsor(s); <small>(\$125 is tax-deductible)</small> <small>() x \$125=\$</small> <input type="checkbox"/> \$75 Cart Sponsor(s); <small>(\$75 is tax-deductible)</small> <small>() x \$75=\$</small>	Registration \$ _____ One-Day Registration \$ _____ Student Registration \$ _____ Post-conference Seminars \$ _____ Leadership Summit \$ _____ Gala Cruise \$ _____ Golf Individual Fees \$ _____ Golf Tournament Sponsor \$ _____ Golf Hole Sponsor \$ _____ Golf Cart Sponsor \$ _____ <hr/> Total Registration Fees \$ _____

*Complimentary membership will be effective August 2010–July 2011.

**A couple cannot be two members or registrants—must be spouse or significant other.

PAYMENT

All registrations must be accompanied by check or credit card. No purchase orders or requests for invoicing will be accepted. Registrations received without payment will not be processed. Please indicate attendee name on check receipt.

Check Enclosed (Payable to NCMA) American Express MasterCard Visa Discover

CREDIT CARD NUMBER _____	EXPIRATION DATE _____	TOTAL AMOUNT _____
NAME ON CARD _____	SIGNATURE _____	

I do not wish to be included on the mailing list that is distributed to World Congress sponsors.