



Society of Accredited Marine Surveyors®

2019 IMEC

(INTERNATIONAL MEETING & EDUCATIONAL CONFERENCE)

Savannah, Georgia

September 25th – September 28th, 2019

REGISTRATION FORM

Last Name: _____ First Name: _____

AMS® SA NAMS Other: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Spouse/Guest (First & Last) Name: _____

Spouse/Guest Email (for Whova App): _____

	Received by 8/30/19	After 8/30/19 & before Conference	At the Door
SAMS® Member (Reception & Dinner Included)	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$900.00
Spouse/Guest Reception & Dinner Only	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00
IIMS, NAMS & YBDSA Member	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$900.00
Non-Member	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$995.00
Guest Tour (Lunch Included)	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> N/A
TOTAL AMOUNT (In US Dollars)	\$	\$	\$

Type of Payment: Check Money Order Visa MasterCard Discover
PayPal (SAMS® Website)

Please note: All Credit Card and PayPal payments will be charged a 4% Convenience Fee.

Account #: _____ - _____ - _____ - _____

Expiration Date: _____ Code on Back of Card: _____

(Please complete reverse side)

Please Help Us With Planning By Answering the Following Questions:

(All events will be held in the Madison Ballroom)

1) *The President's Reception - Wednesday Evening, September 25th*

Do you plan on attending the President's Reception? Yes ____ No ____

Number Attending _____

2) *Gala Dinner - Thursday Evening, September 26th*

Do you plan on attending the Gala Dinner? Yes ____ No ____ Number attending _____

Dinner Selection:

Rosemary Braised Beef Short Ribs, Roasted Heirloom Carrots, Potato Gnocchi With Chimmichuri Sauce _____

Spinach Artichoke Stuffed Chicken Roulade, Roasted Jumbo Asparagus, Garlic Mashed Potatoes, With Pesto Cream _____

Crab Stuffed Bass, Sundried Tomato & Asparagus Risotto, Sautéed Rainbow Chard With Red Onion Tomato Chutney _____

Sautéed Thyme Chanterelle Mushroom Medley, Sweet Pea Parpadelle Pasta With Romano Cheese _____

Please list any special dietary needs/allergies: _____

3) *A buffet breakfast is planned for (Saturday Morning): September 28th, at 7:00 a.m. before the General Membership Meeting. (SAMS® Members Only)*

Do you plan on attending the Breakfast? Yes ____ No ____

4) *A "Meet & Greet" will be held for attending guests on Wednesday, September 25th at 1:00 p.m. in the Pulaski Room.*

Will your guest be attending? Yes ____ No ____

Refunds will only be honored if received by September 13th no later than 3:00 PM EST. Please sign and date to show that you agree to abide by SAMS® Cancellations Policy.

Name

Date

If you have any questions, please contact:

SAMS® International Office

7855 Argyle Forest Blvd., Suite 203, Jacksonville, FL 32244

☆ Phone: (800) 344-9077 ☆ Fax: (904) 388-3958 ☆ samshq@marinesurvey.org

Return this form and your payment to SAMS® International Office

As Soon As Possible!!