



Society of Accredited Marine Surveyors®

2022 IMEC

(INTERNATIONAL MEETING & EDUCATIONAL CONFERENCE)

St. Louis, Missouri

October 5th - October 8th, 2022

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): _____

	Early Registration 8/15/22	After 8/15/22 until 9/16/22	After 9/16/22
SAMS® Member (Reception & Dinner Included)	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$1000.00
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"/> \$795.00	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$1000.00
Non-Member	<input type="checkbox"/> \$895.00	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$1100.00
Guest Tour (Lunch Included)	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$100.00	<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:

1) *The President's Reception - Wednesday Evening, October 5th*

Do you plan to attend the President's Reception? Yes ____ No ____

Number Attending _____

2) *Gala Dinner - Thursday Evening, October 6th*

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

Gala Dinner Selection:

Filet of Beef ____ Chicken Breast ____ Roasted Arctic Char ____ Grilled Portabella Mushroom ____

Wedge salad and rolls will be on all tables.

Chocolate Pot de Crème with Raspberry Whipped Cream and White Chocolate Curls

Please list any special dietary needs/allergies: _____

Spouse/Guest Tour - Lunch Plate Options:

Smoked Turkey BLT ____ Roast Beef and Smoked Gouda ____ Italian Sub _____

All Sandwiches come with a Garden Salad, Beverage, and Dessert.

3) *A "Meet & Greet" will be held for attending guests on Wednesday, October 5th at 1:00 p.m. in the Sterling 6 Room.*

Will your guest be attending? Yes ____ No ____

4) *A buffet breakfast is planned for (Saturday Morning): October 8th, at 7:00 a.m. before the General Membership Meeting. (SAMS® Members Only)*

Do you plan to attend the Breakfast? Yes ____ No ____

Refunds will only be honored if received by September 21st 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!!