

Ski Area Registration Form

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Company Contact: _____

Phone Number: (_____) _____ Email: _____

Registration Fees

| | On/before April 1 | After April 1 |
|---------------------------------------|-------------------|---------------|
| Full Conference for PNSAA Members | \$150 | \$175 |
| Full Conference for Non-PNSAA Members | \$265 | \$290 |
| Trade Show ONLY | \$ 50 | \$ 50 |
| Awards Presentation ONLY | \$ 25 | \$ 25 |

Full conference registration includes professional classroom instruction, course materials, access to the trade show, meals and receptions as listed in the agenda, a keepsake item, and a chance to win prizes.

Attendee Information

| | | | | | | Registration Fee | | |
|---|--------------|----|----------|-----------|--|------------------|-------------|-------|
| Name 1: _____ | | | | | | \$ _____ | | |
| Title: _____ | Email: _____ | | | | | | | |
| Circle the <u>one</u> conference track most likely to attend: | | | | | | Lift Maint | Slope Maint | Other |
| Electrical | F&B | HR | Lift Ops | Marketing | | | | |
| Name 2: _____ | | | | | | \$ _____ | | |
| Title: _____ | Email: _____ | | | | | | | |
| Circle the <u>one</u> conference track most likely to attend: | | | | | | Lift Maint | Slope Maint | Other |
| Electrical | F&B | HR | Lift Ops | Marketing | | | | |
| Name 3: _____ | | | | | | \$ _____ | | |
| Title: _____ | Email: _____ | | | | | | | |
| Circle the <u>one</u> conference track most likely to attend: | | | | | | Lift Maint | Slope Maint | Other |
| Electrical | F&B | HR | Lift Ops | Marketing | | | | |
| Name 4: _____ | | | | | | \$ _____ | | |
| Title: _____ | Email: _____ | | | | | | | |
| Circle the <u>one</u> conference track most likely to attend: | | | | | | Lift Maint | Slope Maint | Other |
| Electrical | F&B | HR | Lift Ops | Marketing | | | | |

Duplicate this form as needed.

Company Total \$ _____

Payment Information

_____ Check enclosed (made payable to PNSAA)

_____ Please charge my (circle one) Visa, MC, or AMEX

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Mail, fax, or e-mail registration & payment to:

PNSAA / NSAA
133 S. Van Gordon Street
Suite 300
Lakewood, CO 80228

Fax: (303) 986-2345
e-mail: jlarson@nsaa.org