

REGISTRATION INFORMATION

American Pyrotechnics Association 2019 Annual Convention September 23-27, Naples, Florida

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

E-Mail: _____

I am a new APA Member

This is my first APA Meeting

Full name of **non-industry** attending Guest/Spouse*: _____

(*For a non-industry individual accompanying a registered attendee to social events **only** and does not include committee meetings, general sessions or workshops)

MEMBER REGISTRATION FEES (check one):

\$350 US (payment received on or before August 1) \$ _____

\$400 US (payment received between August 2 and Before September 6) \$ _____

\$150 US Guest/Spouse Fee (payment received on or before August 1) \$ _____

\$200 US Guest/Spouse Fee (payment received between Aug. 2 and Before Sept. 6) \$ _____

Please plan ahead: Those registering after Sept. 6 will automatically have an additional \$50 added to their registration fee.

OPTIONAL EVENTS (check those you wish to attend):

		Participant		Guest/Spouse	
		Yes	No	Yes	No
Foundation Golf Tournament (Tuesday, September 24)	\$180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome to Naples Reception (Tuesday, Sept. 24)	\$40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome Breakfast (Wednesday, September 25)	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinco de Pyro (Wednesday, September 25)	\$65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salute Breakfast (Friday, September 27)	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check here for a complimentary Sustaining Member Ticket <input type="checkbox"/>					
Havana Nights Dinner & Fireworks (Friday, September 27)	\$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(On-site tickets sales will be limited, subject to availability and cost \$10 more)

Total Due \$ _____

I have a special dietary need (check one) GF DF Vegetarian Vegan

We will try our best to accommodate your need

Complete and return this form to Agillespie@americanpyro.com or (301) 907-9148

Payment Method Enclosed is a check for \$ _____ payable to APA

Charge \$ _____ to: MasterCard Visa AmEx

Card#: _____ Exp. Date: _____ Security Code: _____

Registrations may be canceled for a refund (less \$50 processing fee) if APA is notified in writing by September 6.

After that date, refunds will be made at the discretion of the APA