

# AGMA/ABMA Annual Meeting Registration Form

March 4-6, 2010 • Loews Ventana Canyon Resort • Tucson, Arizona

**For additional registrants, please make a copy of this form.**

**Register online at [www.agma.org](http://www.agma.org) or [www.americanbearings.org](http://www.americanbearings.org) OR Complete this form below and fax to AGMA at 703.684.0242. Your confirmation letter will be sent within 10 days via e-mail.**

Name: \_\_\_\_\_ Nickname/Informal Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ Nickname/Informal Name: \_\_\_\_\_

Annual Meeting Registration Fees			
	Before Jan. 15	After Jan. 15	Total
1st Member Registrant	\$895	\$925	
1st Member Spouse/Guest	\$595	\$625	
Additional Registrant from Company	\$795	\$825	
Additional Spouse/Guest	\$595	\$625	
Golf Tournament (1st player) **	\$200	\$200	
Golf Tournament (2nd player) **	\$200	\$200	
Golf Club Rental **	\$60/each	\$60/each	
<i>** Complete Separate Golf Information Sheet and fax to 703.684.0242</i>			
Optional Botanical Gardens Trip -Friday	\$55/each	\$55/each	
Children's Meal Tickets (3-15 years old) <i>See below</i>	\$50/each	\$50/each	
(Tickets for children will be provided; no further registration is necessary)			
# _____ Thurs., March 4      # _____ Friday., March 5      # _____ Sat., March 6			
		<b>TOTAL AMOUNT DUE</b>	

Planning Questions
<input type="checkbox"/> Check Here if this is your first AGMA/ABMA Annual Meeting
Total # _____ Attending Saturday night (March 6th) Evening Events (for planning purposes)
<input type="checkbox"/> Check here if you are interested in going to a Spring Training baseball game on Saturday Afternoon (schedule TBD)
<input type="checkbox"/> Check here if you are interested in going to the Caterpillar® Demonstration Center on Saturday afternoon
<input type="checkbox"/> Check here if you need special arrangements or accommodations and AGMA will contact you.
Dietary Restrictions _____

Payment	
<input type="checkbox"/> Check Enclosed (Made payable to AGMA)	
<input type="checkbox"/> Credit Card (AMEX, Discover, Master Card or Visa)	
Credit Card No. _____	
Exp. Date _____	
Print Name on Card _____	
Signature _____	
<b>Cancellation Policy:</b> Payment must accompany this form. All cancellations must be in writing and received by AGMA prior to <b>February 23, 2010</b> for a refund, minus a \$100 processing fee. Cancellations received after <b>February 23, 2010</b> will not receive a refund.	

**Questions?**  
**Call AGMA at 703.684.0211 or ABMA at 202.367.1155**