

# Regional Meeting REGISTRATION FORM

SMART 2018 Regional Meeting \* September 23 24, 2018 \* Royal Sonesta Houston Galleria \* Houston, Texas

*Please Type or Print information as you want it to appear on your badge.*

*Please use one form per registrant Please print clearly.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registration Fees (check box below):

<b>Member Rates</b>		
Early Bird Rate - (before 8/1/18)	\$500	
Regular Rate - (after 8/1/18)	\$600	
Port of Houston Tour	\$25	

\*Registration fee covers cocktail reception on Sunday, 9/23; sessions, breakfast and lunch on Monday, 9/24. Hotel must be booked separately and is NOT included in the registration.

<b>Non-Member Rate**</b>		
Non Member Rate	\$1,600	
Port of Houston Tour	\$25	

\*\*Non-Members who wish to attend must complete a SMART membership application along with the Regional Meeting registration form and pay the non-member rate.

Non- Members who attend the SMART Membership Overview on Sunday, 9/23 AND join within one week of the meeting will receive a credit of \$600 applied towards their dues for 2019 and the remainder of 2018 complimentary.

All registrations received after August 1, 2018 will be charged the regular registration rate. *Last day to register is September 18, 2018.*  
*No on site registrations.*

### Cancellation Policy:

All cancellations must be in writing. No refunds will be given after August 20, 2018.  
 Cancellations prior to August 20, 2018 will be charged a \$50 per person administrative fee.

## Special Requirements:

Please indicate any special needs that have or may require assistance (mobility, hearing, dietary, etc.)

We can only accommodate if we have prior knowledge.

☐ Hearing ☐ Vision ☐ Mobility ☐ Other: \_\_\_\_\_

☐ Vegetarian ☐ Gluten Free ☐ Vegan ☐ Dairy Free ☐ Other: \_\_\_\_\_

*\*Please note some requirements may result in additional charges to the attendee.*

## Payment:

Payment method: ☐ Credit Card ☐ Check

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Address (if different from address above): \_\_\_\_\_