



2018 NDGA CONVENTION REGISTRATION

Retailer Registration Form

Attendee Information

Company:		Email:			
Address:		City:	State:	Zip:	
Phone:		Fax:			

Registration Information (List All Who Will Attend)

Please print all information exactly as it should appear on the name badge.

First / Last Name	Store Name	Full Reg \$150	Sunday Night \$60	Monday Breakfast \$20	Monday Night Banquet \$80	Total

Golf Tournament Registration

Name of Golfer	Store Name	Rate per person: \$125	Handicap:

I would like to be a: Golf Hole Sponsor \$400 Contest Sponsor \$150

Payment Information (Refunds will not be issued after 4:30pm, Friday, August 31, 2018)

<input type="checkbox"/> Please bill me <input type="checkbox"/> Check enclosed for _____		Please charge my credit card*:	
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express		Name on Card:	
Card #:		Billing Address:	
Security Code:		Exp Date:	
Signature:		Date:	

Submit Registration Form & Payment to:
 NDGA - 3155 Bluestem Dr. #378 • West Fargo, ND 58078
 Phone 701-223-4106 Email to: jiggdsdyste@gmail.com

*A transaction fee of 4% will be added to Master Card or Visa, 5% fee added to American Express.