

Register Today!

Complete the form or
register online at ndmed.org



Lodging

A block of rooms has been reserved for Thursday, October 3rd, at the DoubleTree by Hilton located at 825 E. Beaton Drive, West Fargo, ND, at the low rate of \$114.00 US, plus tax.

When making your reservation, be sure to mention that you will be attending the NDMA/ACP North Dakota Chapter meeting. The rooms are available on a first-come, first-served basis, so make your reservation as early as possible by calling the hotel directly at 701-551-0120 or using the reservation link below.

Cancellation policy:
24 hours before the day of arrival.

Reservation link: <https://doubletree.hilton.com/en/dt/groups/personalized/B/BISWFDT-NDM-20191003/index.jhtml>

**DoubleTree
by Hilton Hotel
825 E. Beaton Dr.
West Fargo, ND 58078**



Annual Meeting Registration Form

First Name _____ MI _____ Last Name _____

Organization _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ E-mail _____

Guest(s) First/Last Name _____

Registration Fee: \$50 - includes the Friday conference day breakfast, lunch and educational credit costs. Please indicate below which events you will be attending. *If you choose to participate in only the Policy Forum session, there is no registration fee.*

_____ Number attending Thursday, October 3 evening NDMA Social

_____ Number attending Friday, October 4 breakfast

_____ Number attending Friday, October 4 educational program

_____ Number attending Friday, October 4 luncheon

_____ I will ONLY attend the Policy Forum

I wish to contribute to the NDMA PAC (Suggested donation \$200) \$ _____

_____ Number attending annual meeting @ \$50 per person \$ _____

Total Amount Enclosed \$ _____

CONFERENCE CANCELLATION POLICY: No refunds after October 1, 2019.

Please mail this form along with payment no later than September 30, 2019 to:

NDMA, 1622 E. Interstate Ave., Bismarck, ND 58503-0512

Fax credit card orders to: NDMA at 701-223-9476 _____ Master Card _____ Visa _____ American Express

Name on credit card (please print) _____

Card Number _____ CSC _____

Expiration Date _____ / _____ Phone _____

Signature _____ Zip Code _____

3 digit code/
Am. Express 4 digits
on front of card