

Gulf Ports Association of the Americas



Registration Form – Associate Members

Name of Your Company: _____ (**one form per person attending**)

Representatives Attending: (**please include spouses names as well**)

Name: _____

_____ Spouse/Guest: _____

Please indicate the **number** of people from your group attending each of the following:

Golf on Wednesday : NO: __ Yes__ **Please arrange with the pro shop directly if you need to rent clubs.**

Handicap: _____

Reception Wednesday night:No: __ YES__

GPAA Meeting on Thursday: NO: __ Yes__

Lunch on Thursday: NO: __ Yes__ (members only, no spouses)

Dinner on Thursday night: NO: __ Yes __

**Please return complete form by EMAIL to: gulfportsaa@aol.com:
Registration fee of \$250 per person attending (no fee for spouses)
must be sent prior to the meeting to: Gulf Ports Association of the Americas, 9 Parkside Rd., The Hills, TX 78738**