



Gulf Ports Association

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