



NATE WIN Southeast Regional Conference

Monday, October 29, 2018



Hilton Garden Inn Pensacola/Medical Center

1144 Airport Boulevard
Pensacola, Florida 32504
Phone: (850) 479-8900

REGISTRATION INFORMATION

PLEASE NOTE THAT A SEPARATE FORM IS REQUIRED FOR EACH ATTENDEE.
ALL REGISTRATIONS INCLUDE ADMISSION TO EDUCATIONAL SESSIONS WITH
FEATURED SPEAKERS, LUNCHEON, AND BREAKS THROUGHOUT.

First Name: _____

Last Name: _____

Job Title: _____

Company / Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Attendee Status: NATE Member Non-Member

TOPICS MAY INCLUDE:

- Workforce Development
- NWSA Certification
- Small Cell and DAS
- Safety Procedures and Best Practices
- Insurance and Risk Management

NOTICE: All attendees agree that as a condition of attending this event, they will not engage whether directly or indirectly, in the activity of soliciting any existing employees of any member or non-member companies during this function. Anyone engaging in soliciting existing employees during the event will be immediately removed from the event and not allowed to return. Additional consequences of such activities include prohibition from attending future NATE events and the possible revocation of NATE membership where applicable. AGE LIMIT: No persons under the age of 18 are permitted. AUDIO/VIDEO/PHOTOGRAPHY: No audio/video recording or photography is allowed without NATE's permission. DATA COLLECTION: By registering for the NATE regional event, you consent to NATE's collection and storage of the data on this form. EVENT PHOTOGRAPHY: By registering for this event, you consent to NATE's use of any photos in NATE publications in which you may appear. AMERICAN DISABILITIES ACT: If you require any auxiliary aids or services under the Americans with Disabilities Act, please notify the NATE office.

PAYMENT INFORMATION (\$75 per person):

FEES ARE DUE IN ADVANCE, NON-REFUNDABLE AND PAYABLE IN U.S. DOLLARS AND DRAWN ON A U.S. BANK. **DUE BY OCTOBER 19, 2018**

Check Enclosed: Check # _____ Amount \$ _____

CHECKS PAYABLE TO NATIONAL ASSOCIATION OF TOWER ERECTOR'S

Credit Card Type: VISA MASTERCARD DISCOVER AMEX

Credit Card #: _____

Exp. Date: _____ Sec. Code: _____ Amount: \$ _____

Cardholder Name: _____

Signature: _____

Remit payment and form to:
National Association of Tower Erectors
8 Second Street SE | Watertown, SD 57201

**For more information,
contact NATE at
605-882-5865,
toll free 888-882-5865 (U.S.)
or nate@natehome.com.**