

HBAM 2009 CONVENTION REGISTRATION FORM

Register online at www.hbam.com. A small processing fee applicable.

NAME _____ LOCAL ASSOCIATION _____

SPOUSE / GUEST NAME _____

T-SHIRT SIZE _____ SPOUSE / GUEST T-SHIRT SIZE _____

COMPANY _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____ FAX _____ EMAIL ADDRESS _____

Please check the following if applicable:

LOCAL ASSOCIATION

- PRESIDENT
 VICE PRES.
 SEC./TREAS.
 EXEC. OFFICER

STATE ASSOCIATION

- 2009 EXEC. COMM.
 PAST STATE PRES.
 STATE DIRECTOR
 HALL OF FAME

NATIONAL ASSOCIATION

- NAT'L DIRECTOR
 ALT. DIRECTOR
 LIFE DIRECTOR
 SPIKE

MEMBERSHIP

- ASSOCIATE
 BUILDER
CERTIFIED PROF. BUILDER
 CPB DESIGNATION

REGISTRATION FEES:

	PRIOR TO MAY 4	ON / AFTER MAY 4	FEE AMOUNT
Single Registrant	\$250	\$300	\$ _____
Guest/Spouse	\$125	\$150	\$ _____
Family Member(s) (if attending functions)	\$125	\$150 # _____	\$ _____
Family Member(s) T-shirt size(s):	_____		

KIDS NIGHT OUT: Please schedule through Hilton Sandestin at 1-800-367-1271.

Agers 5-12, Friday night from 6-10PM. Children will receive dinner and a t-shirt.
1st child: \$45. Additional children: \$35 each.

CPB ORIENTATION: Please check box if attending

GOLF TOURNAMENT: Handicap _____ # of players _____ @ \$125 \$ _____
at Baytowne Golf Club (info: 1-800-367-1271 or www.sandestinbeachhilton.com)

LADIES BRUNCH: # attending _____ @ \$50 \$ _____

TOTAL FEES ENCLOSED: (please add all totals from above) \$ _____

SELECT PAYMENT: Check enclosed -OR- Charge to my: VISA MC AMEX

NAME ON CARD _____

ACCOUNT # _____ EXP. DATE _____

SIGNATURE _____

Mail registration form with check payable to HBAM, PO Box 3556, Jackson, MS 39207-3556
or fax registration form with credit card payment to 601-969-1285.

Cancellations: Fees refunded only if written notice is received by mail or fax before May 13.