

**NJ STATE PBA 2019 CONVENTION
REGISTRATION FORM**

Gaylord Opryland Resort

October 19 – October 25, 2019

October 20 – October 26, 2019

Please print or type information. This form must be completely filled in and accompanied by your deposit.

Name: _____ Date Of Birth: _____

(AS IT APPEARS ON IDENTIFICATION)

Citizenship _____ PBA Local #: _____ County: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____

Cell: _____ E-Mail: _____

Traveling Companion's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

6 Night Hotel Package:

All rooms will be assigned on a first-come, first-served basis

Adults

Dates of Travel

Single \$ 1997

October 19 - 25

Double \$ 2359 (Price for two adults)

October 20 - 26

Children:

Ages 4-17 \$ 159

By signing this application I acknowledge that I have read, understand and agree to the following terms & conditions.

Cancellation & Refunds: A \$100 per adult/child administrative fee is non refundable with deposit.

Any cancellations made PRIOR to September 19, 2019, will be subject to any penalties assessed by the hotel or other providers.

NO REFUNDS WILL BE ISSUED AFTER September 19, 2019. The NJ State PBA shall not be held responsible for any acts,

omissions, loss, theft or damage. NJ State PBA shall not be held responsible for any injury, loss or damage caused by accidents

or events beyond their control. NJ State PBA and its personnel do not accept responsibility for loss or additional expense due to

delay, change in air schedules, strikes, acts of God, or any other act beyond their control.

Authorized Signature: _____ **Date:** _____

FORM OF PAYMENT

- Check Made payable to the NJSPBA
- Credit Card If using credit card as form of payment the total amount will be charged when application is processed
- Book Online convention.njspba.com

CREDIT CARD AUTHORIZATION

Credit Card (check one): American Express ____ Visa ____ MasterCard ____

Credit Card Number: _____

Billing Address: _____

Expiration Date: _____ **Security Code:** _____

Name as it Appears on Card: _____

Authorized Signature: _____ **Date:** _____

**ALL RESERVATIONS SHOULD BE MADE AS SOON AS POSSIBLE
ALL RESERVATIONS MUST BE PAID IN FULL BY AUGUST 16, 2019**

TRAVEL INSURANCE:

WE STRONGLY RECOMMEND TRAVEL INSURANCE. UPON REQUEST, AN APPLICATION WILL BE MAILED TO YOU. INSURANCE IS FOR MEDICAL REASONS ONLY.

- YES. Mail an Insurance Application to me
- NO. I decline Insurance. I understand that this trip is NON-refundable after September 19, 2019

This application must be completed with deposit and mailed or faxed to:

**NJSPBA
Attn: Debbie Perestuk, Convention Coordinator
158 Main Street, Woodbridge, NJ 07095**

Phone: 732-636-8860

Fax: 732-636-0172