2017 CONVENTION REGISTRATION FORM

Convention Dates: September 6th - 9th, 2017

SHERATON STATION SQUARE
300W Sheraton Station Square, Pittsburgh PA 15219
1-800-325-3535

Group Code: TREA 2017National Convention
$139+ single/double occupancy (per night)
CLICK HERE to make your reservations online
TREA rates are available until Aug 1st, 2017

Send completed form and payment to:
TREA: The Enlisted Association
1111 S. Abilene Ct., Aurora, CO 80012
Fax: 303-752-0835 or 888-882-0835

Register online at:
www.trea.org/convention-application.html

ATTENDEE #1 - Attending as: ☐ TREA ☐ Auxiliary

☐ CHAPTER DELEGATE ☐ MAL DELEGATE ☐ NATIONAL BOD ☐ PAST NATIONAL PRESIDENT ☐ GUEST

Member #: _____ Am attending as a delegate of Chapter No:_____

First Name:_____ Last Name:_____

Name as it should appear on Name Badge - including position. (print or type legibly): _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____ Tel #: _____

I would like to receive the convention book in a: PLEASE CIRCLE **ONE** CHOICE
physical binder a thumb drive (to be used on my own electronic device) or an electronic PFD (e-mailed 8/30)
e-mail required: _____

ATTENDEE #2 - Attending as: ☐TREA ☐ Auxiliary

☐ CHAPTER DELEGATE ☐ MAL DELEGATE ☐ NATIONAL BOD ☐ PAST NATIONAL PRESIDENT ☐ GUEST

Member #: _____ ☐ Am attending as a Delegate of Chapter No:_____

First Name:_____ Last Name:_____

Name as it should appear on Name Badge - including position(print or type legibly): _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____ Tel #: _____

I would like to receive the convention book in a: PLEASE CIRCLE **ONE** CHOICE:
physical binder a thumb drive (to be used on my own electronic device) or an electronic PFD (e-mailed 8/30)
e-mail required: _____

REGISTRATION FEE:
$225 ($250 after 8/1/17) - ($275 after 8/30/17) ATTENDEE #1: $_____
$225 ($250 after 8/1/17) - ($275 after 8/30/17) ATTENDEE #2: $_____

Individual Guests Tickets: **(Limited Availability)**

Joint Awards Luncheon	No._____	$55.00/each	Total:_____
President's Dinner - River Boat Dinner Cruise	No._____	$85.00/each	Total:_____
Installation Banquet	No._____	$95.00/each	Total:_____

GRAND TOTAL: $_____

Emergency Contact Name/Tel. #:
(of someone who is not attending the Convention with you)
_____

Dietary Restrictions:

Attendee #1: _____

Attendee #2: _____

☐ I am paying by Check #_____
Make check payable to: TREA: The Enlisted Association

☐ Visa ☐ Master Card ☐ Discover

Card #:_____

Expiration Date: _____

Print Name as it appears on Card:

_____

Refunds subject to a 25% Processing Fee - NO REFUNDS AFTER 8/1/2017

PRINT