NATIONAL MARINE ELECTRONICS ASSOCIATION
2008 COURSE REGISTRATION FORM

Name		
Current Mailing Address | Street or PO Box	**Phone number**	**Fax Number**
City | State | Zip	**Email address**	
Employer	**Phone number**	**Fax Number**
Employer Mailing Address | Street or PO Box	**Supervisor name**	
City | State | Zip	**Supervisor number**	

Applying for: **Basic MEI Session -** **Monday November 17th** ○ **Member $350.00** ○ **Nonmember $575.00**	**Basic MEI Session –** **Wednesday, November 19th** ○ **Member $350.00** ○ **Nonmember $575.00**	**NMEA 2000 Training –** **Tuesday, November 18th** ○ **Member $295.00** ○ **Nonmember $525.00**

Class Location: Seawide Training, Seattle, WA Class Date: _____
Check schedule for class dates and locations – www.nmea.org

INDUSTRY EXPERIENCE VERIFICATION

By signing below you certify that the applicant has at least **one year of practical experience (3 years plus MEI if applying for Advanced MEI)** and that you are familiar with the technical competence of the applicant. You also attest he/she has demonstrated proficiency in the basic installation of marine electronic equipment such as: Marine VHF radio, Fish finders, GPS, Stereos, etc.

Employer	Dates (Month/Year)	Employer/Supervisor Verification *Must Include Phone Number*

Cancelation Policy: Course fees are non-refundable. All fees, less a cancellation fee, may be transferred to a future course up to 12 months from the cancellation date. Course cancellation fee is $200. All courses are subject to change. NMEA will not be responsible for any expenses associated with the cancellation of a course.

By signing and submitting this application, I verify that the information is true, complete, and accurate. I understand that all information is subject to verification.

Signature _____ Date: _____

Payment: Fax with credit card information to **410.975.9450** **Circle** your payment method: VISA MC AMEX CHECK

Card Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date (Mo/Yr)** ___/___

Statement Street Address & Zip: _____ **Code**:_____

Name as it appears on card: _____

Signature: _____ Date: _____

Or Make check payable to **NMEA** and send along with this form to: **NMEA, 7 Riggs Avenue, Severna Park, MD 21146**