



**2001 NORTH AMERICAN MONITORING TECHNOLOGY
SYMPOSIUM & EXHIBITION (NAMTSE)
(FORMERLY THE CSAA MID-YEAR MEETING)**

EXHIBITOR REGISTRATION FORM

April 27-May1, 2001 / The Westin Savannah Harbor Resort, Savannah, GA

Registration Deadline: April 18, 2001

Name _____ Company _____
Please print name as you would like it to appear on badge

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Name(s) of Spouse and/or Personal Guest(s)* _____

Spouse/Guest Home Address _____ City/State/Zip _____

REGISTRATION FEES

*FEE POLICY: The CSAA Member fee applies to: (a) any person employed by a CSAA North American, Associate, Consultant or Foreign Member company, and (b) individuals who hold Honorary membership in CSAA. The Non-Member fee applies to any person employed by a company or organization which is actively engaged in the security industry but which is not a member of CSAA. The Spouse/Personal Guest fee applies to persons who are not employed by a company or organization in one of the above two categories, but who are accompanying persons registered in one of those two categories.

- CSAA Member: \$625** [Package includes all four days of program activities and social events only]
- Subsequent Attendees from Same Exhibitor Member Company: \$475** [Package includes all four days of program activities and social events only]
- Non-Member: \$795** [Package includes all four days of program activities and social events only]
- Subsequent Attendees from Same Non-Member Exhibitor Company: \$645** [Package includes all four days of program activities and social events only]
- Spouse/Personal Guest: \$350** [Package includes social events only]

Golf Tournament: \$110 [Friday, April 27, The Club at Savannah Harbor, 12:30pm Shotgun Start
I would like to be paired with: 1. _____ 2. _____ 3. _____]

Total Payment: \$ _____

- Payment enclosed (Check # _____)
- Please charge my credit card (Only Visa or Mastercard can be accepted)

For credit card payments, circle one: Visa Mastercard

Card No: _____ Exp. Date: _____

Cardholder name as it appears on card: _____ Signature _____

I / we require the following special accommodations (ie, dietary restrictions): _____



Please enclose payment via check (payable to CSAA) or credit card (Visa or Mastercard only). **No refunds will be given after April 18, 2001.** Cancellations prior to the deadline must be made in writing (fax OK). For on-site registration, only checks or credit cards will be accepted. Sorry, we cannot bill you.

Hotel reservations should be made with the Westin Savannah Harbor Resort, using the Hotel Reservation Form, by April 6, 2001.



**Mail to: Central Station Alarm Association (CSAA), 440 Maple Avenue East, Suite 201, Vienna, VA 22180
Tel: 703-242-4670, Fax: 703-242-4675, E-mail: meetings@csaaul.org, Web: www.csaaul.org**