



Association of Terminal Operators, Stevedoring
and Shipping Companies of Micronesia
45th Annual Meeting
Saipan, CNMI
August 1st & 2nd, 2018



REGISTRATION FORM

(Please Print & Complete Form)

Primary Registrant:

Registrant's Name: _____

[] Mr. [] Mrs. /Ms. Last Name First Name Middle Intl.

Preferred Name for Badge: _____

Title: _____

Company: _____

Address: _____

City & State: _____

Zip Code: _____

Telephone: _____

FAX: _____

Email Address (**required for confirmation of registration**): _____

Flight Itinerary:

Date of Arrival: _____ Time: _____ Flight No. _____

Date of Departure: _____ Time: _____ Flight No. _____

Additional Registrants:

Terms & Conditions

Only one representative from each membership company is entitled to free access to the ATOSSCOM Annual Meeting. A \$50.00 registration fee will be assessed for each additional representative attending the conference.

Registrant's Name: _____

[] Mr. [] Mrs. /Ms. Last Name First Name Middle Intl.

Preferred Name for Badge: _____

Title: _____

Company: _____

Email Address (**required for confirmation of registration**): _____

Registrants' Name: _____

[] Mr. [] Mrs. /Ms. Last Name First Name Middle Intl.

Preferred Name for Badge: _____

Title: _____

Company: _____

Email Address (**required for confirmation of registration**): _____

Registrant's Name: _____

[] Mr. [] Mrs. /Ms. Last Name First Name Middle Intl.

Preferred Name for Badge: _____

Title: _____

Company: _____

Email Address (**required for confirmation of registration**): _____