

## **ABM / ACBS Symposium Registration**

Name:			DOB:		☐ Female
City:			State:	Zip:	
Phone:		En	nail:		
Museum Memb	er: □Yes	□No			
Name of Other	Participants:				
	ntact:		Relationship	D:	
☐ ABM Websi	d out about the S te □ ACBS W	ebsite $\square$ F	Rudder 🛭 The	Gazette	
maintenance, p our best to acco participants.	mposium semina lease select whic ommodate all req	h one you are uests. All other	l and inboard eng more interested in seminars will be	n attending. W attended by a	e will do II
_	the Symposium i y night dinner, Sa	iturday lunch, a	person. This cove and Saturday and Total D	Sunday breal X \$149.0	kfasts.
☐ Credit Card Name on Card: Card #:	Charge my tuition	on payment of \$ _	Expirati	to: DVisa on:	a □MC
oignature			D	ate:	

\* Form continues on page 2

## **Waiver of Liability**

I do for myself, my executors or administrators, heirs and assigns, waive any and all claims as may accrue for me or them against the Antique Boat Museum arising from my and or my family's participation in any and all activities as part of the Spring ABM/ACBS Symposium.

Signature:	Date:
Photography Release	
The Antique Boat Museum often takes Museum publications and marketing.	photographs or videotapes participants for use in
I do <u>not</u> object to the Antique Boa Museum publications and marketing.	at Museum using my picture or video of me in
I do object to the Antique Boat M publications and marketing.	useum using my picture or video of me in Museum
Signature:	Date: