



ABM / ACBS Symposium Registration

May 18-20, 2018

Name: _____ DOB: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ACBS Chapter: _____

Museum Member: Yes No

Name of Other Participants: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____

How did you find out about the Symposium?

ABM Website ACBS Website *Rudder* *The Gazette*

Other: _____

Program Selection

Attendees have the following options for Saturday. Please select one option.

Option 1: Attending 2 workshops: A) Fiberglass Repair and B) Staining and Color Matching.
Workshops finish in time to drop in on planking and restoration projects in
Mary St. Shop.

Option 2: Attending 1 workshop (Fiberglass Repair or Staining and Color Matching) and
spending extended time on the planking and restoration projects in Mary St.
Shop.

Please **select your preferred option.**

I prefer to attend:

Option 1 (both workshops)

Option 2 (one workshop and extended time on planking and restoration projects)
⇒ **Circle** the workshop you prefer for Option 2: Fiberglass Repair or Staining and
Color Matching

Please return registration form to:
Antique Boat Museum, Education Department, 750 Mary Street, Clayton, NY 13624
or Fax 315.686.2775

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Symposium Cost

Early Bird registration for adults is \$199.00 per person (\$225.00 after May 1). Youth registration (18 and under) is \$100.00 per person (\$110.00 after May 1). This covers the cost of all program materials, Friday night dinner, Saturday lunch, and Saturday and Sunday breakfasts.

Total # of adult participants: _____ x \$199.00 (Early Bird) = _____
Total # of adult participants: _____ x \$225.00 (After 5/1) = _____
Total # of youth participants: _____ x \$100.00 (Early Bird) = _____
Total # of youth participants: _____ x \$110.00 (After 5/1) = _____
TOTAL DUE = _____

Payment

Check Enclosed is my check payable to the Antique Boat Museum for \$ _____

Credit Card Charge my tuition payment of \$ _____ to:

Name on Card: _____ Visa MC

Card #: _____ Expiration: _____ CVC# _____

Signature: _____ Date: _____

*Form continues on page 3

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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 photographs or videotapes participants for use in Museum publications and marketing.

____ I do not object to the Antique Boat Museum using my picture or video of me in Museum publications and marketing.

____ I do object to the Antique Boat Museum using my picture or video of me in Museum publications and marketing.

Signature: _____ Date: _____

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