



Association of Terminal Operators, Stevedoring
and Shipping Companies of Micronesia
47th Annual Meeting
Guam
December 5th & 6th, 2022



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. When registration is completed, please email back to Ms. Jennie C. Untalan jcuntalan@portofguam.com and Mr. Frank V. Lujan fvlujan@portofguam.com and have cash payment or make checks payable to ATOSSCOM on the first day of the conference. No credit card or electronic payments will be accepted.

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. 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): _____