

**ONE FORM PER REGISTRANT**

Form can be used only for check payment. Credit card payments must be processed online.

**3<sup>RD</sup> ANNUAL TRI-STATE CONVENTION APRIL 23-26, 2026, LINCOLN NE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Badge Name (if different from first name) \_\_\_\_\_ Chapter \_\_\_\_\_

Post Office you represent - City \_\_\_\_\_ State \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**REGISTRATION F E E S**

Active Members \$50.00 -reimbursed-must stay entire convention

Retiree Members \$50.00 -reimbursed-must stay entire convention

Guests \$75.00 -includes Saturday Night Banquet Ticket

(After April 1<sup>st</sup>, registration is non-refundable)

**Select your title:**

- ☐ Postmaster    ☐ Manager    ☐ Supervisor    ☐ EAS Professional  
☐ UPMA Retired    ☐ Associate    ☐ Guest

If you are attending as a guest, who are you joining? \_\_\_\_\_

Do you have any food allergies or dietary restrictions? \_\_\_\_\_

- ☐ I am a First Timer    ☐ I am a UPMA Retired First Timer

**CHECK PAYMENT****RESERVATIONS****Payment Information**

Convention Fee: \_\_\_\_\_

**Check payable to UPMA**

Mail all registration/check to:

NE UPMA, Carrie Meyers

506 E Mayo St

O'Neill NE 68763

Check # \_\_\_\_\_



Or  
online  
using  
the QR  
code

**Signature** \_\_\_\_\_

By signing this form:

1) I understand that I am responsible for booking my hotel room and managing my reservation.

Cancellations received on or after April 1, 2026, will not receive a refund.

**Embassy Suites**

**1040 P Street, Lincoln NE  
(402) 474-1111**



Or online  
using the QR  
code

**Block Code: NE Chapter UPMA Tri-Rates.** Government rate will be honored Thursday and Friday and discounted rate on Saturday. You must book online or call the hotel directly to make a reservation.