

**2008 ACA, Southeastern Fall Camping Conference  
PRE-CONFERENCE WORKSHOP REGISTRATION**



**ATTENDEE INFORMATION**

**Attendee 1:** \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have special needs or requests: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee 2:** \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have special needs or requests: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee 3:** \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have special needs or requests: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMP/ORGANIZATION INFORMATION**

Camp/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Section: SE or \_\_\_\_\_

Pre-Conference Workshops & Monday Evening Events		
<input type="checkbox"/> ServSafe Food Education Workshop	8:00am – 3:00pm	\$225 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Martin LeBlanc Workshop	9:00am – 12:00pm	\$40 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Faith Evans CampJam Workshop	9:00am – 2:00pm	\$75 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Hors d'oeuvres with David Wilcox <i>Includes Concert Ticket</i>	7:00pm - 9:00pm	\$65 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> David Wilcox Concert	9:00pm - 10:30pm	\$25 x ____ (no. of attendees) = \$_____

**PAYMENT INFORMATION**

Payment Method:  Check (enclosed)  Visa  MasterCard  AMEX Total Payment Due: \$\_\_\_\_\_

Make check payable to: ACA, Southeastern

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Cancellation Policy:** Cancellation request must be in writing and can be faxed or emailed, phone cancellations not accepted. There is a \$20 fee for pre-conference workshop cancellations postmarked by Sept. 5, 2008. No-shows are not eligible for refund.

MAIL/FAX completed registration form with payment to:  
ACA Southeastern, 13000 S. Tryon Street, Suite F #310, Charlotte NC 28278; Fax 704-288-4402