

**2008 ACA, Southeastern Fall Camping Conference
INDIVIDUAL REGISTRATION**



ATTENDEE INFORMATION

Attendee #1

Full Name: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

Name of Emergency Contact: _____ Phone: _____

This is my first ACA, Southeastern Conference: Yes No Please send registration confirmation via: Email Mail

Please do not include me or my contact information in the list of conference participants that will be circulated to other conference participants and vendors.

I have special needs or requests: _____

Attendee #2*

Full Name: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

Name of Emergency Contact: _____ Phone: _____

This is my first ACA, Southeastern Conference: Yes No Please send registration confirmation via: Email Mail

Please do not include me or my contact information in the list of conference participants that will be circulated to other conference participants and vendors.

I have special needs or requests: _____

Attendee #3*

Full Name: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

Name of Emergency Contact: _____ Phone: _____

This is my first ACA, Southeastern Conference: Yes No Please send registration confirmation via: Email Mail

Please do not include me or my contact information in the list of conference participants that will be circulated to other conference participants and vendors.

I have special needs or requests: _____

**Attendees #2 & #3 must be from the same camp or organization to obtain the discounted rate.*

CAMP/ORGANIZATION INFORMATION

Camp/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Section: SE or _____

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

2008 ACA, Southeastern Fall Camping Conference Registration – Page 2

REGISTRATION FEES*	Member	Attendees #2 & #3	Non-member
Register on or before August 30, 2008	<input type="checkbox"/> \$150 x ___ = \$_____	<input type="checkbox"/> \$100 x ___ = \$_____	<input type="checkbox"/> \$175 x ___ = \$_____
Register after August 30, 2008	<input type="checkbox"/> \$175 x ___ = \$_____	<input type="checkbox"/> \$125 x ___ = \$_____	<input type="checkbox"/> \$200 x ___ = \$_____
Students & Presenters	<input type="checkbox"/> \$100 x ___ = \$_____	<input type="checkbox"/> \$100 x ___ = \$_____	<input type="checkbox"/> \$100 x ___ = \$_____
1 Day Pass (Tuesday only)**	<input type="checkbox"/> \$75 x ___ = \$_____	<input type="checkbox"/> \$75 x ___ = \$_____	<input type="checkbox"/> \$100 x ___ = \$_____
ADDITIONAL TICKETED EVENTS FOR CONFERENCE ATTENDEES			
<input type="checkbox"/> ServSafe Pre-Conference Workshop	Monday, 9/22 8:00am – 3:00pm	\$225 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> Standards Course Pre-Conference Workshop	Monday, 9/22 8:30am – 2:30pm	FREE, Pre-Registration Required x _____ (no. of attendees)	
<input type="checkbox"/> Martin LeBlanc Pre-Conference Workshop	Monday, 9/22 9:00am – 12:00pm	\$40 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> Faith Evans Pre-Conference Workshop	Monday, 9/22 9:00am – 2:00pm	\$75 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> Hors d'oeuvres with David Wilcox	Monday, 9/22 7:00pm - 9:00pm	\$50 x ___ (no. of attendees) = \$_____	
GUEST FEES			
<input type="checkbox"/> Hors d'oeuvres with David Wilcox <i>includes concert ticket</i>	Monday, 9/22 7:00pm - 9:00pm	\$65 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> David Wilcox Concert Concert Ticket Only	Monday, 9/22 9:00pm - 10:30pm	\$25 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> Tuesday Dessert Reception	Tuesday, 9/23 8:00pm - 10:00pm	\$25 x ___ (no. of attendees) = \$_____	
<input type="checkbox"/> Wednesday Breakfast	Wednesday, 9/24 8:00am - 9:15am	\$25 x ___ (no. of attendees) = \$_____	
TOTAL CONFERENCE FEES		Total Due with Registration \$_____	

***Full Conference Registration Includes:** General Sessions, Education Sessions, One (1) David Wilcox Concert Ticket, Exhibit Hall Pass, Tuesday Lunch in the Exhibit Hall, Tuesday Dessert Reception, Wednesday Breakfast

****One Day Pass Includes:** Tuesday Education Sessions, Exhibit Hall Pass, Tuesday Lunch in the Exhibit Hall, Tuesday Dessert Reception

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 \$40 fee for cancellations postmarked by Sept. 1, 2008, \$75 fee for those after Sept. 1, 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