

2009 ACA, Southeastern Fall Camping Conference INDIVIDUAL & GROUP REGISTRATION



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: _____

Attendee #4*

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 & 4 must be from the same camp or organization to obtain the discounted rate.*

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Camp/Organization: _____

Mailing Address: _____

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

REGISTRATION FEES*		
	Individual	Group
Full Conference Registration	<input type="checkbox"/> \$79 x _____ = \$_____	<input type="checkbox"/> \$199 (up to 4 attendees)
Students & Presenters	<input type="checkbox"/> \$29 x _____ = \$_____	
1 Day Pass (Tuesday only)**	<input type="checkbox"/> \$49 x _____ = \$_____	<input type="checkbox"/> \$119 (up to 4 attendees)
ADDITIONAL TICKETED EVENTS FOR CONFERENCE ATTENDEES		
<input type="checkbox"/> ServSafe Pre-Conference Workshop	Monday, 9/21 8:00am – 3:00pm	\$225 x ____ (no. of attendees) = \$_____ Who will attend? Attendee(s) #1 #2 #3 #4
<input type="checkbox"/> Standards Course Pre-Conference Workshop	Monday, 9/21 8:30am – 2:30pm	FREE, Pre-Registration Required x ____ Who will attend? Attendee(s) #1 #2 #3 #4
<input type="checkbox"/> Kim Aycok Pre-Conference Workshop	Monday, 9/21 9:00am – 12:00pm	\$39 x ____ (no. of attendees) = \$_____ Who will attend? Attendee(s) #1 #2 #3 #4
GUEST FEES / Non-Conference Attendees Only		
<input type="checkbox"/> Beachside Hors d'oeuvres	Monday, 9/21 6:30pm - 9:00pm	\$20 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Tuesday Lunch Keynote	Tuesday, 9/22 12:30pm - 2:00pm	\$20 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Tuesday Dessert Reception	Tuesday, 9/22 8:00pm - 10:00pm	\$15 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Wednesday Breakfast	Wednesday, 9/23 8:00am - 9:00am	\$15 x ____ (no. of attendees) = \$_____
TOTAL CONFERENCE FEES		Total Due with Registration \$_____

***Full Conference Registration Includes:** General Sessions, Education Sessions, Beachside Hors d'oeuvres, Exhibit Hall Pass, Tuesday Lunch, Tuesday Dessert Reception, Wednesday Breakfast

****One Day Pass Includes:** Exhibit Hall Pass, Tuesday Education Sessions, Tuesday Lunch, 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 September 1, 2009. No-shows are not eligible for refund.