

2010 ACR Annual Conference Registration Form

A. Attendee Information

First Name	Last Name	Nickname for Badge	ACR ID (if known)
Title		Organization	
Address			
City/State/Province	Zip Code	Country	Email
Telephone	Fax	Guest/Spouse (additional cost)	

REGISTRATION FEES

ON SITE RATES

(8/31-9/4/10)

ACR MEMBER	\$445	\$ _____
NON-MEMBER	\$600	\$ _____
REGISTER AS A NEW MEMBER AND ATTEND THE CONFERENCE	\$595	\$ _____
FULL TIME STUDENT - MEMBER	\$195	\$ _____
FULL TIME STUDENT - NON-MEMBER	\$250	\$ _____
CONFERENCE PRESENTER - MEMBER	\$345	\$ _____
CONFERENCE PRESENTER - NON-MEMBER	\$500	\$ _____
EXHIBITOR REGISTRATION (LIMIT 2/BOOTH)	\$295	\$ _____
DAILY PASSES - MEMBER	\$235	CIRCLE CHOICE: THURSDAY FRIDAY SATURDAY \$ _____
DAILY PASSES - NON-MEMBER	\$300	CIRCLE CHOICE: THURSDAY FRIDAY SATURDAY \$ _____
OPENING SESSION AND PRESIDENTIAL LUNCH ONLY (DOES NOT INCLUDE CONFERENCE)	\$75	\$ _____

OPTIONAL EVENTS

WEDNESDAY FULL - DAY PRE-CONFERENCE INSTITUTES	\$250	\$ _____
WEDNESDAY FULL-DAY PRE-CONFERENCE INSTITUTES (NON-MEMBER)	\$300	\$ _____
WEDNESDAY MORNING PRE-CONFERENCE INSTITUTES	\$150	\$ _____
WEDNESDAY MORNING PRE-CONFERENCE INSTITUTES (NON-MEMBER)	\$175	\$ _____
WEDNESDAY AFTERNOON PRE-CONFERENCE INSTITUTES	\$150	\$ _____
WEDNESDAY AFTERNOON PRE-CONFERENCE INSTITUTES (NON-MEMBER)	\$175	\$ _____
INTERNATIONAL DAY - WEDNESDAY FULL DAY MEMBER	\$145	\$ _____
INTERNATIONAL DAY - WEDNESDAY FULL DAY NON-MEMBER	\$175	\$ _____
SPONSOR A YOUTH ATTENDEE FOR YOUTH DAY (COVERS MATERIALS, LUNCH AND PROGRAMMING FEES FOR 1 ATTENDEE)	\$25	\$ _____
PURCHASE ORDER PROCESSING	\$15	NOT AVAILABLE ON-SITE \$ _____
SPOUSE/GUEST FEE (INCLUDES RECEPTIONS ON WED/THUR/FRI) - MEMBER	\$125	\$ _____
SPOUSE/GUEST FEE - NON-MEMBER (SPOUSE/GUEST FEES INCLUDES RECEPTIONS, OPENING SESSION & LUNCH)	\$150	\$ _____

TOTAL AMOUNT DUE \$ _____

CHECK ENCLOSED CREDIT CARD (VISA, MASTERCARD, OR AMERICAN EXPRESS ONLY)

CARD # |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| NAME ON CARD: _____

EXP DATE: _____ SECURITY CODE: _____ SIGNATURE: _____ DATE: _____

PLEASE CHECK IF YOU WILL ATTEND:

- | | |
|--|---|
| <input type="checkbox"/> WEDNESDAY WELCOME RECEPTION | <input type="checkbox"/> THURSDAY SILENT AUCTION AND EXHIBITOR OPEN HOUSE |
| <input type="checkbox"/> FRIDAY SECTIONS RECEPTION | <input type="checkbox"/> SATURDAY PRESIDENTIAL LUNCHEON |

PLEASE LIST ANY SPECIAL NEEDS YOU MAY HAVE (ACCESS/FOOD/OTHER):

FOR QUESTIONS REGARDING CONFERENCE REGISTRATION, PLEASE CONTACT:
CATHI EIFERT AT 703-234-4129 (PHONE), CEIFERT@ACRNET.ORG OR FAX - 703-435-4390

SUBMIT REGISTRATION IN PERSON WITH PAYMENT:

PLEASE MAKE ALL CHECKS PAYABLE TO:

CHICAGO MARRIOTT DOWNTOWN
ACR CONFERENCE REGISTRATION
540 N. MICHIGAN AVENUE
CHICAGO, IL 60611

ASSOCIATION FOR CONFLICT RESOLUTION