

**NON-MEMBER SPECIALIZED ACCREDITORS
REGISTRATION FORM - FALL 2010 ASPA MEETING**

Sunday, September 12 - Tuesday, September 14, 2010

The Westin Cincinnati

21 East Fifth Street, Cincinnati, OH 45202

To reserve a room at the ASPA group rate of \$139/night plus tax, call:

1-513-621-7700 or 1-800-937-8461 prior to Friday, August 20

Specify that you are attending the ASPA Fall Meeting

Subject to availability, the ASPA group rate applies 3 days before and after the meeting.

Photocopy this form for additional registrants – other forms are on ASPA website – www.aspa-usa.org.

Please type or print all information, as it should appear on your name badge.

Name: _____ Title: _____

Agency or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

*Please note the first name you prefer on your name tag, if different from your given name: _____

- Check here if the above contact information is new.
- Check here if you prefer a **vegetarian entree** during the group meals. For other special needs, contact the ASPA office. Contact the ASPA office for cost of group meals for a traveling companion.

Meeting materials will be ordered based on the number of **registrations or faxes received by August 19, 2010.**

If you are registering later than August 16, please fax or scan and e-mail your form to aspa@aspa-usa.org.

Meeting Registration Fees: Deduct \$50 from the rates below if registering with payment prior to August 16, 2010. ASPA does not accept credit cards.

- \$645* Full Meeting – Sun/Tues: Regular rate for non-member specialized accreditors not intending to apply for membership in ASPA. Fee includes: Receptions; continental breakfasts; lunch; all open sessions; all materials.
- \$445* Full Meeting – Sun/Tues: Reduced rate for any non-member specialized accreditor intending to apply for membership in ASPA. Membership application will be submitted on _____ [date]. Fee includes: Receptions; continental breakfasts; lunch; all open sessions; all meeting materials.

ONE DAY ONLY

- \$345* 3:30 p.m. Sunday – 1:00 p.m. Monday
Fee includes Sunday reception, Monday continental breakfast and lunch; session materials.
- \$345* Noon Monday – Noon Tuesday
Fee includes Monday lunch, Monday reception, Tuesday continental breakfast; session materials.

Based on your registration, please check appropriate boxes for all food events. I will attend the:

Sunday Reception [] Yes [] No Monday Breakfast [] Yes [] No Monday Lunch [] Yes [] No
Monday Reception [] Yes [] No Tuesday Breakfast [] Yes [] No

Total Enclosed: \$ _____

***Mail this form & your check (payable to ASPA) to: ASPA c/o Cynthia Davenport, 1020 West Byron St., Suite 8G; Chicago, IL 60613. Questions?? Call Cynthia at (773) 525-2160. Fax: (773) 525-2162. ASPA's FEIN is 54-1680661**

FOR Office Use Only:

DATE RECEIVED:	CHECK NUMBER:	AMOUNT PAID:
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CANCELLATION Policy: CANCELLATIONS RECEIVED, IN WRITING, BY AUGUST 27, 2010 WILL BE PROCESSED (LESS A \$50 PROCESSING FEE) WITHIN 30 DAYS AFTER THE MEETING. REGISTRATIONS CANCELED LATER ARE NON-REFUNDABLE.