

**FOR THOSE WHO ARE NOT 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 badge, 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.

- \$445* **Full Meeting:** Non-voting friend of ASPA (e.g., National or Regional Accreditors, Higher Educational Groups, USDE, CHEA) from an organization with an interest in specialized accreditation. Fee includes: 2 receptions, 2 continental breakfasts; 1 lunch; access to all open sessions on Sunday, Monday and Tuesday; meeting materials.

ONE DAY ONLY

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