



**ASPA MEMBER
REGISTRATION FORM - SPRING 2010 ASPA MEETING**

Sunday, March 28 - Tuesday, March 30, 2010

Sax Chicago

333 North Dearborn, Chicago, IL 60654

To reserve a room at the ASPA group rate of \$149/night plus tax, call:

877-569-3742 prior to Sunday, March 1

Specify that you are attending the ASPA Spring Meeting

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

Please type or print all information, as it should appear on your name badge. Photocopy this form for additional registrants:

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.

Meeting Registration Fees: — Note: ASPA's FEIN is: 54 -1680661

Members who register with payment by February 25, 2010 are eligible to deduct a \$50.00 early bird discount from the full meeting rates listed below.

*Send this form and 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.

Meeting materials will be ordered based on the number of registrations received by February 25, 2010.

Contact the ASPA office for information about group meals for a traveling companion. There will be a fee for these meals.

Members: Please check appropriate boxes.

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

Deduct \$50 from the rates below if registering prior to February 25, 2010

- [] \$445* **Full Meeting:** Voting representative from ASPA-member agency - *Fee includes: Receptions, continental breakfasts; lunch; all Sunday, Monday and Tuesday sessions; all meeting materials.
- [] \$395* **Full Meeting:** Additional non-voting person from ASPA-member agency - *Fee includes: same as voting representative above (e.g., CAAHEP's CoAs; Board Members; other additional staff members)

ONE DAY ONLY

- [] \$345* 1 p.m. Sunday – 1 p.m. Monday
*Fee includes Sunday reception, Monday continental breakfast, lunch, and session materials.
Please check appropriate boxes below.
Sunday Reception [] Yes [] No
Monday Breakfast [] Yes [] No Monday Lunch [] Yes [] No
- [] \$345* Noon Monday – Noon Tuesday: Professional Development
* Fee includes Monday lunch, reception, Tuesday continental breakfast, and all Professional Development materials.
Please check appropriate boxes below.
Monday Lunch [] Yes [] No Monday Reception [] Yes [] No
Tuesday Breakfast [] Yes [] No

Total Enclosed: \$ _____

FOR Office USE ONLY:

DATE RECEIVED:	CHECK NUMBER:	AMOUNT PAID:
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CANCELLATION Policy: Cancellations received, in writing, by MARCH 6, 2010 will be processed (less a \$50 processing fee) within 30 days after the meeting. Registrations canceled later are non-refundable.