

**NON-MEMBER SPECIALIZED ACCREDITORS
REGISTRATION FORM - FALL 2009 ASPA MEETING**

4:00 p.m. Sunday, March 28 - Noon 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 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

*Send this form and your check (payable to **ASPA**) to: ASPA Office; c/o Cynthia Davenport 1020 W. Byron St. Suite 8G • Chicago, IL 60613 - Fax: 773-525-2162 Questions? Call Cynthia at 773-525-2160

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.

DEDUCT \$50 from the rates below if registering with payment prior to February 25, 2010.

- \$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; access to all open sessions, including the professional development session; one complete set of meeting 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; all open sessions; all meeting materials.

ONE DAY ONLY

- \$345* 4:00 p.m. Sunday – 1:00 p.m. Monday
* Fee includes Sunday reception, Monday continental breakfast, lunch and session materials.
- \$345* Noon Monday – Noon Tuesday
* Fee includes Monday lunch, Monday reception, Tuesday continental breakfast and all Professional Development materials.

Please check appropriate boxes below:

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: \$ _____

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.