

**FOR THOSE WHO ARE NOT SPECIALIZED ACCREDITORS  
REGISTRATION FORM - SPRING 2010 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 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

\*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.

**If you are NOT a specialized accreditor, please use this form to register:**

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

- [ ] \$445\* **Full Meeting:** Non-voting friend of ASPA (e.g., USDE, CHEA, Higher Educational Groups, National or Regional Accreditors) from an organization with an interest in ASPA.  
\*Fee includes: Sunday and Monday receptions, continental breakfasts; lunches; access to all open sessions on Sunday, Monday and Tuesday, including the professional development session; one complete set of meeting materials.

**ONE DAY ONLY**

- [ ] \$345\* 4 p.m. Sunday – 1 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 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.