REGISTRATION & MEMBERSHIP FORM Please print in black ink clearly.

NAME _____ LAST _____ FIRST _____ MIDDLE INITIAL

INSTITUTION _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY

PHONE _____ FAX _____ E-MAIL _____

☐ Check here to request accessibility-related services. An access coordinator will contact you.

MEMBERSHIP STATUS To qualify for the member rate, you must be a current ACPA member through April 2, 2008.

I am an ACPA member ☐ Yes ☐ No If Yes, ACPA member # _____

If No, I would like to join/renew under the following categories:

☐ General at Member Institution $65 ☐ General at Non-Member Institution $110 ☐ Transitional $60

☐ Associate $150 Graduate Student ☐ $30* ☐ $50* ☐ Undergraduate Student $25

☐ Emeritus (complimentary)

** For details, please see www.myacpa.org. Graduate program professor must certify below that applicant is not currently employed full-time and is enrolled in a graduate program.*

_____ *Signature of Professor* _____ *Expected Graduation Date*

REGISTRATION FEES Application must be submitted with the full payment by the specified dates below.

	Member	Student	Non-Member
Early – Postmarked by January 31, 2008	$ 325	$ 130	$ 475
Regular – Postmarked between February 1–28, 2008	375	180	525
Late/On-site – Postmarked after February 28, 2008	425	205	575

PRE-CONVENTION WORKSHOPS

Half-Day	Member	Student	Non-Member
Early – Postmarked by January 31, 2008	$ 50/each	$ 35/each	$ 85/each
Regular – Postmarked between February 1–28, 2008	65	45	95
Late/On-site – Postmarked after February 28, 2008	75	55	105
Full-Day			
Early – Postmarked by January 31, 2008	$ 65/each	$ 45/each	$ 95/each
Regular – Postmarked between February 1–28, 2008	80	55	115
Late/On-site – Postmarked after February 28, 2008	90	65	125

STATE/INTERNATIONAL PRESIDENTS' BREAKFAST

Early, Regular, Late or On-site $ 30

ACPA AWARDS LUNCHEON

Early, Regular, Late or On-site $ 47

PAYMENT METHOD Check or money order (payable to ACPA Convention) must be sent with this registration form. Credit card information must be completed below. No purchase orders are accepted.

☐ Visa ☐ MasterCard ☐ AmEx ☐ Check/Money Order

EXPIRATION DATE _____ SIGNATURE _____

CARD NUMBER _____

NAME ON CARD _____

Register me for:

Membership _____ = $ _____

Registration _____ = _____

Workshop # _____ = _____

Workshop # _____ = _____

Workshop # _____ = _____

Workshop # _____ = _____

Workshop # _____ = _____

S/I Division Presidents' Breakfast

_____ # tickets x $30 = _____

ACPA Awards Luncheon

_____ # tickets x $47 = _____

Guest for Opening Reception, Convention Showcase and sponsored evening receptions only.

_____ # tickets x $50 = _____

Guest Name _____

Guest Name _____

Total $ _____

☐ This is my first convention.

I would like to participate in the Convention Colleague Program as a: (check one)

☐ New Colleague ☐ Experienced Colleague

I would like to volunteer for: (check one)

☐ General Convention events

☐ Placement & Career Center

To submit this completed form:

via mail ACPA Annual Convention, One Dupont Circle, NW Suite 300, Washington, DC 20036, USA

via fax +1 202 296 3286 (credit card payments only)

ACPA ATLANTA 2008 ANNUAL CONVENTION