

## **Spring Leadership Conference**

Palm Springs, California April 17-20, 2018

## Attendee Registration

Please complete one form per attendee. If multiple attendees are attending from the same camp, submit all forms together, with payment information on the first form.

ACA Member Number:	ACA Local Office:	
	State:	
	Cell Phone:	
E-Mail:		
	rough my registration, I give American Ca and audio recordings taken during the A educational and promotional media.	
<b>Registration Fees:</b> (Please check all a landividual - 1st Person \$345 Member/\$395 Non-N	, ,	\$
□ Additional Person from the SAME \$151 Member/\$190 Non-M	. •	\$
□ <b>Student or Retiree</b> \$125 Member/\$175 Non-A	1ember	\$
□ Pre-Conference – Standards Cou	rse – April 17 – FREE	
□ <b>Pre-Conference – Camps on Can</b> \$55 Member / \$75 Non-Me		\$
□ <b>Pre-Conference – Mental Health</b> I \$50 Member / \$75 Non-Me		\$
□ <b>Pre-Conference – Childcare Preve</b> \$50 Member / \$75 Non-Me		\$
□ <b>Pre-Conference – Super Staff Sup</b> \$75 Member / \$125 Non-N		\$
□ <b>Pre-Conference</b> – <b>ACA New Direc</b> \$120 Member / \$170 Non		\$
Payment in full is due at time of regi	istration.	Total: \$
Please list an emergency contact name	and phone:	
Please describe any dietary restrictions (	and/or allergies:	
Please list any other special request or 1	needed accommodations (must be submit	ted a minimum of 2 weeks in advance):

REFUND POLICY: Cancellations received at least 2 weeks prior to the event are eligible for a refund, minus a \$25 cancellation fee. Cancellations received less than 2 weeks before event will not be refunded. No-shows are not refundable. A written cancellation request is required and can be faxed or emailed to (765) 342-2065 fax or events@ACAcamps.org. Phone cancellations are not accepted. If ACA cancels the event for which you have registered, the registration fee paid will be fully refunded. ACA is not responsible for any expenses incurred by you as a result of your registration, whether the event is attended, postponed, or cancelled. All registration payments must be made by the event date in order for participants to be admitted to the event.

Make checks prequested infor	•	merican Camp Assoc	ciation. It paying by cred	if card, please provide t	ine
□ Discover		□ MasterCard	□ American Express	□ Check #	
Credit Card No	umber:				
Expiration Date	e:	Security Code	(last 3 digits locat	ed on back of credit cal	rd)
Billing Address	:				
Name as it app	pears on the	e credit card:			
Signature:		(Prir	nt Clearly)		

Please complete this form and mail, or fax this form with full payment to:

American Camp Association – 5000 State Road 67 North, Martinsville, IN 46151-7902

events@ACAcamps.org, 765-342-2065 (fax).

For more information regarding specific event details, contact Brandon Mitchell at <a href="mailto:bmitchell@ACAcamps.org">bmitchell@ACAcamps.org</a> or 765-342-1341.