



# Spring Leadership Conference

Palm Springs, California

April 9-12, 2019

*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: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Name of Camp/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Use of Images in ACA Publications: Through my registration, I give American Camp Association full rights and permissions with respect to any photographs, video, and audio recordings taken during the ACA event. These images and recordings may be used by ACA, and its agents, in educational and promotional media.

**Registration Fees:** (Please check all that apply and fill in the totals.)

**Individual - 1<sup>st</sup> Person** \$ \_\_\_\_\_  
*After March 11 - \$350 Member/\$399 Non-Member*

**Additional Person from the SAME camp/organization** \$ \_\_\_\_\_  
*After March 11 - \$155 Member/\$195 Non-Member*

**Student or Retiree** \$ \_\_\_\_\_  
*After March 11 - \$130 Member/\$180 Non-Member*

**Pre-Conference – Accreditation Process Workshop – April 9 – FREE**

**Pre-Conference – Mental Health First Aid Course – April 9 -** \$ \_\_\_\_\_  
*\$50 Member / \$75 Non-Member*

**Pre-Conference – Childcare Preventative Health Certificate – April 9-** \$ \_\_\_\_\_  
*\$50 Member / \$75 Non-Member*

**Pre-Conference – Best of Bob: Staff Training Edition – April 9 -** \$ \_\_\_\_\_  
*\$75 Member / \$125 Non-Member*

**Pre-Conference – ACA New Director Orientation – April 9 -** \$ \_\_\_\_\_  
*\$120 Member / \$170 Non-Member*

**Payment in full is due at time of registration.**

**Total: \$ \_\_\_\_\_**

Please list an emergency contact name and phone: \_\_\_\_\_

Please describe any dietary restrictions and/or allergies: \_\_\_\_\_

Please list any other special request or needed accommodations (must be submitted 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](mailto: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 payable to American Camp Association. If paying by credit card, please provide the requested information.**

Discover     VISA     MasterCard     American Express     Check # \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_ *(last 3 digits located on back of credit card)*

Billing Address:

\_\_\_\_\_

Name as it appears on the credit card:

\_\_\_\_\_

*(Print Clearly)*

Signature:

\_\_\_\_\_

*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](mailto:events@ACAcamps.org), 765-342-2065 (fax).

*For more information regarding specific event details, contact Brandon Mitchell at*  
[bmitchell@ACAcamps.org](mailto:bmitchell@ACAcamps.org) or 765-342-1341.