



# 2019 ACA, Southeastern Fall Camp Conference

Hilton St. Petersburg Bayfront  
September 23-25, 2019  
Attendee Registration

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.)*

- 1<sup>st</sup> Person Full – SE 2019 Fall Conference \$ \_\_\_\_\_  
*Before August 28, 2019: \$255.00 Member \$305.00 Non Member*  
*After August 28, 2019: \$280.00 Member \$325.00 Non Member*
- Additional Person (FROM SAME CAMP) Full – SE 2019 Fall Conference \$ \_\_\_\_\_  
*Before August 28, 2019: \$245.00 Member \$295.00 Non Member*  
*After August 28, 2019: \$270.00 Member \$315.00 Non Member*
- Pre-Conference Workshop Only – Camp Culture \$ \_\_\_\_\_  
*\$75.00 Member \$100.00 Non-Member*
- Post-Conference Workshop Only – Youth Mental Health First Aid \$ \_\_\_\_\_  
*\$65.00 Member \$100.00 Non-Member*
- Speaker Registration \$ \_\_\_\_\_  
*\$95.00 Member \$95.00 Non-Member*
- Student or Retiree Registration \$ \_\_\_\_\_  
*\$85.00 Member \$85.00 Non-Member*
- Tuesday, September 24 ONLY – SE 2019 Fall Conference \$ \_\_\_\_\_  
*\$140.00 Member \$180.00 Non-Member*

Payment in full is due at time of registration.

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

Emergency Contact Name and Phone: \_\_\_\_\_  
(someone not attending event)

Special Dietary restrictions: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

REFUND POLICY: Cancellations must be in writing and can be faxed or emailed to: (765) 342-2065, fax or [events@ACAcamps.org](mailto:events@ACAcamps.org).  
Phone cancellations are not accepted. The cancellation deadline is 9/9/2019.

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: \_\_\_\_\_