



# 2019 ACA, Mid Atlantic Camp Conference

## DoubleTree Williamsburg January 8-9, 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 Individual – 2019 Mid Atlantic Camp Conference \$ \_\_\_\_\_  
*After December 10: \$135.00 Member \$165.00 Non-Member*
- Additional Person Individual (FROM SAME CAMP) Registration \$ \_\_\_\_\_  
*After December 10: \$120.00 Member \$150.00 Non-Member*
- Speaker Registration \$ \_\_\_\_\_  
*\$60.00 Member \$60.00 Non-Member*
- Student or Retiree Registration \$ \_\_\_\_\_  
*\$50.00 Member \$50.00 Non-Member*
- Wednesday January 9, 2019 ONLY \$ \_\_\_\_\_  
*\$75.00 Member \$75.00 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 12/26/2018.*

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: \_\_\_\_\_