



# 2019 ACA NATIONAL CONFERENCE

## EMPOWERING COMMUNITIES

Nashville, TN | February 19–22, 2019

## Registration Form

Please do not write in this space.

Separate form required for each person. • **See back for hotel information.**

**1 BADGE INFORMATION:** This is how your badge will read. **PLEASE** print carefully! Redoing badges on site is time consuming for you.

First Name										Last Name										Member Number																			
Camp/Organization (Please condense camp name, if necessary, to fit in above space.)																														City					State				

**2 MAILING INFORMATION:** \_\_\_\_\_ Please check if this change is permanent.

Mailing Address																																												
City																									State					Zip														
Province																				Country										Email														
Weekday Phone										Cell Number										Please print clearly																								

**3 EMERGENCY CONTACT INFORMATION** Please list someone who is NOT attending the conference.

Name of person to contact in case of emergency \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**4 OTHER ATTENDEE INFORMATION** Check all that apply.

**Check If You Are:**  Speaker  Accredited Camp  International  
 Life Member  First-Time Attendee

**Special dietary needs for plated, keynote session meal (Friday):**  Kosher  Vegetarian

*Due to catering constraints, "Vegetarian" and "Kosher" are the only special dietary needs we can accommodate.*

Tell us your physical or sensory needs that will enable you to fully participate in the conference.



Must be received by ACA on or before 1/17/2019.

**RETURN THIS FORM** with check, money order, or credit card account number and authorization to: National Conference Registration, American Camp Association, 5000 State Road 67 North, Martinsville, IN 46151-7902. If paying by credit card, fax to: 765-342-2065. **Note:** If faxed, **DO NOT** mail duplicate form. Thank you!

**CANCELLATION POLICY** — *Please read and keep a copy for future reference.* There is a \$40 fee for all cancellations postmarked **BEFORE 01/17/2019** and a \$200 fee for all cancellations postmarked **AFTER 01/17/2019**. No-shows are not refundable. **PHONE CANCELLATIONS ARE NOT ACCEPTED.** Written copy of the cancellation is required and can be faxed or mailed.

## Registration Details and Policies

We want your conference registration to run easily and efficiently.

**Important instructions — please read.**

1. Please print clearly. Illegible registration forms can be delayed in processing until clarification is received. Badge information cannot be longer than allotted space. If necessary, please abbreviate to fit.
2. List the address where your confirmation materials should be mailed.
3. Please print clearly. Your emergency contact information is important.
4. If your camp is accredited, please remember to check the appropriate box to ensure you receive an accredited-camp ribbon on site.
5. **IMPORTANT** — Your member number is KEY to accurately processing your registration. If you use any other number (your camp's ID, the number of another member, etc.), you will experience undue delays and will be invoiced accordingly. Your member number has been assigned to you — and only you. No other number is valid for conference registration. If you are replacing your camp's current ACA liaison, please contact the American Camp Association (ACA) prior to sending your conference registration form to allow time for the transfer of information.

**Complete a separate registration form for each person attending from your camp. Include their member numbers when applicable.**

- The non-member rate applies to people who are not members of ACA. Anyone wanting to attend only the Exhibit Hall Grand Opening must purchase an event ticket at registration. If you want to have access to the exhibit hall on the second day, stop by the registration desk and request an Exhibit Hall Only name badge at no charge. It will be honored in the Exhibit Hall that day only, but not in the educational sessions or other functions.
6. Extra event tickets can be purchased ahead of time or on site.
7. ACA-member, full-time students must provide a copy of their student ID with completed registration form to access the complimentary rate.
8. Donations for ACA's Annual Fund are voluntary contributions. Contributions enhance ACA's efforts to preserve, promote, and advance the camp experience.
9. Total all fees and either include a check or money order for the full amount or your charge card information (card number, expiration date, and signature). **Full payment is required in advance.**

For additional registration questions, contact Melany Irvin at: [customerservice@ACAamps.org](mailto:customerservice@ACAamps.org) or 765-342-8456  
 View current conference information and frequently asked questions at: [ACAamps.org/conference](http://ACAamps.org/conference)

**5 EXTRA EVENT TICKETS:** (One ticket for each event is included in the cost of a full registration.) Extra tickets available on site.

<b>ADULTS</b>	<b>Quantity</b>	<b>Fee</b>
Wednesday Exhibit Hall Reception	_____	\$36
Thursday Lunch in Exhibit Hall	_____	30
Friday Closing Lunch	_____	35
<b>YOUTH 12 AND UNDER</b>		
Wednesday Exhibit Hall Reception	_____	15
Thursday Lunch in Exhibit Hall	_____	15
Friday Closing Lunch	_____	15
<b>Amount</b>	_____	_____

## Conference Hotel

Gaylord Opryland Resort & Convention Center

Single/Double • \$199  
+ tax per night.

Triple • \$219  
+ tax per night.

Quad • \$239  
+ tax per night.

Available first come/first served through January 25, 2019. Make your reservation today!

Reservations:  
ACAamps.org/conference/hotel

## ACA Members Save!

ACA members are eligible for significantly discounted registration rates. Become a member and save: [ACAamps.org/membership](http://ACAamps.org/membership)



[ACAamps.org](http://ACAamps.org)

## 6 REGISTRATION FEES

**Full Registration Fee Includes:** Ticketed events (Grand Exhibit Hall Reception, Thursday Lunch in Exhibit Hall, Friday Closing Lunch), general exhibit hall pass, educational workshops, general sessions, and program book.

**Membership Number:** Write the member number that matches the name on this form. No substitutions, please. Camp numbers and the numbers of other people are not valid for the conference discount. Appropriate fees will be assessed.

ACA Individual Member No. \_\_\_\_\_

**Become a member and SAVE!** Contact [membership@ACAamps.org](mailto:membership@ACAamps.org) or 800-428-2267.

<b>Check the appropriate box.....</b>	<b>12/16/18 and after</b>
ACA Individual Member — 1st Person, Full .....	<input type="checkbox"/> \$540
ACA Individual Member — Additional Person, Full .....	<input type="checkbox"/> 440
Nonmember — 1st Person, Full.....	<input type="checkbox"/> 765
Nonmember — Additional Person, Full.....	<input type="checkbox"/> 665
Speakers, Full .....	<input type="checkbox"/> 280
ACA Student Member.....	<input type="checkbox"/> 0
<small>Include Copy of Student ID; Sessions and Exhibits Only; Does Not Include Meals or Ticketed Events</small>	
Student Nonmember, Full .....	<input type="checkbox"/> 265

Check the appropriate day(s). Paid Days Include Daily Ticketed Events	Tues. Rate	Wed. Rate	Thurs. Rate	Fri. Rate
ACA Member Per Day .....	<input type="checkbox"/> \$90	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$115
Nonmember Per Day.....	<input type="checkbox"/> 115	<input type="checkbox"/> 265	<input type="checkbox"/> 265	<input type="checkbox"/> 165
ACA Student Member Per Day.....	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<small>Must be Full-Time Student (Does Not Include Meals or Ticketed Events)</small>				
Student Nonmember Per Day.....	<input type="checkbox"/> 60	<input type="checkbox"/> 85	<input type="checkbox"/> 85	<input type="checkbox"/> 60

**Amount** \_\_\_\_\_

## 7 KINDRED & OTHER EVENTS • Prices are per person

ACA handles registration for the Kindred and Affiliate groups listed below. Visit [ACAamps.org/conference](http://ACAamps.org/conference) for more information about these groups and others managing their own registration.

Camps on Campus (COC) Pre-Conference .....	<input type="checkbox"/> ACA Member \$75	<input type="checkbox"/> Non ACA Member \$90
Camp Owners & Directors Association (CODACON) Pre-conference .....	<input type="checkbox"/> CODA Member \$450	<input type="checkbox"/> CODA Non-Member \$500
Creating Transgender Affirming Community at Camp and Beyond Pre-Conference .....	<input type="checkbox"/> ACA Member \$75	<input type="checkbox"/> Non ACA Member \$90
Emerging Professionals in Camping (EPIC) Pre-Conference.....	<input type="checkbox"/> ACA Member \$50	<input type="checkbox"/> Non ACA Member \$60
Girl Scout (GS) Camp Professionals Kindred Session .....	<input type="checkbox"/> \$75	
International Camping Fellowship Pre-Conference Camp & Program Tour.....	<input type="checkbox"/> \$200	
New Director Orientation (NDO) Training.....	<input type="checkbox"/> ACA Member \$109	<input type="checkbox"/> Non ACA Member \$139
Not-For-Profit (NFP) Council Program and Breakfast.....	<input type="checkbox"/> \$25	
YMCA Camping Pre-conference Kindred Meeting.....	<input type="checkbox"/> \$0	
"Kindred Only" Processing Fee* .....	<input type="checkbox"/> \$15	

(\*Processing Fee Only Applies if NOT Also Attending the ACA National Conference.)

**Amount** \_\_\_\_\_

Current as of 1/3/2018. Check the website for updates and new events.

Note: Pre-registration for the Accreditation Process and Visitor Update Workshops must be completed separate from the conference at [ACAamps.org/conference/workshops](http://ACAamps.org/conference/workshops).

## 8 ACA'S ANNUAL FUND — Your donation supports future innovative initiatives and all the good work ACA does.

\$25  \$50  \$100  \$250  \$500  Other \_\_\_\_\_



## 9 TOTAL ENCLOSED OR CHARGED:

**Full payment must be received before we can process your registration.** Make payable in US funds. Faxes are not accepted if paying by check. Payment must be received with this registration form.

**Subtotal (Sections 5–7)** \_\_\_\_\_

**ACA Annual Fund Contribution (Section 8)** \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

**Please bill my:**  MasterCard  VISA  Discover  AMEX

**Card Number** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ / \_\_\_\_\_ **CSC #** \_\_\_\_\_

PLEASE PRINT CLEARLY

**Signature** \_\_\_\_\_

Total all fees and either include a check or money order for the full amount or your charge card information (card number, expiration date, and signature). **Full payment is required in advance.**

**Images USE OF CONFERENCE 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 conference. These images and recordings may be used by ACA, and its agents, in educational and promotional media.