

# Registration Form

Please do not write in this space.



american **CAMP** association\*

## 2020 ACA National Conference

Connection | February 11-14 | San Diego, CA

**Save Money — Register by December 16, 2019.** 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.

<input type="text"/>	<input type="text"/>	Member Number _____
First Name	Last Name	
<input type="text"/>		<input type="text"/>
Camp/Organization (Please condense camp name, if necessary, to fit in above space.)		City
		State <input type="text"/>

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

<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekday Phone	Cell Number	Email

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 _____
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 1/10/2020.

**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 01/10/2020** and a \$200 fee for all cancellations postmarked **AFTER 01/10/2020**. 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 American Camp Association (ACA) primary contact, please contact 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.

6. Extra event tickets can be purchased ahead of time or on site based on availability.
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@ACAcamps.org](mailto:customerservice@ACAcamps.org) or 765-342-8456  
View current conference information and frequently asked questions at: [ACAcamps.org/conference](http://ACAcamps.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 based on availability.

ADULTS	Quantity	Fee
Wednesday Exhibit Hall Reception	_____	\$36
Thursday Lunch in Exhibit Hall	_____	30
Friday Closing Lunch	_____	40
YOUTH 12 AND UNDER		
Wednesday Exhibit Hall Reception	_____	15
Thursday Lunch in Exhibit Hall	_____	15
Friday Closing Lunch	_____	15
<b>Amount</b>		_____

## Conference Hotel

### Town and Country San Diego

Single • \$195+tax per night.

Double • \$205+tax per night.

Triple • \$225+tax per night.

Quad • \$245+tax per night.

Available first come/first served through January 8, 2020. Make your reservation today!

**Reservations:**  
[ACAamps.org/conference/hotel](http://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.

Check the appropriate box.....	before 12/16/19.....	12/16/19 and after
ACA Individual Member — 1st Person, Full .....	<input type="checkbox"/> \$495 .....	<input type="checkbox"/> \$545
ACA Individual Member — Additional Person, Full .....	<input type="checkbox"/> 395 .....	<input type="checkbox"/> 445
Nonmember — 1st Person, Full.....	<input type="checkbox"/> 725 .....	<input type="checkbox"/> 775
Nonmember — Additional Person, Full.....	<input type="checkbox"/> 625 .....	<input type="checkbox"/> 675
Speakers, Full .....	<input type="checkbox"/> 285 .....	<input type="checkbox"/> 285
ACA Student Member.....	<input type="checkbox"/> 0 .....	<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"/> 275 .....	<input type="checkbox"/> 275

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"/> \$95 .....	<input type="checkbox"/> \$225 .....	<input type="checkbox"/> \$225 .....	<input type="checkbox"/> \$120
Nonmember Per Day .....	<input type="checkbox"/> 120 .....	<input type="checkbox"/> 275 .....	<input type="checkbox"/> 275 .....	<input type="checkbox"/> 170
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.

4-H Camps Kindred Meeting.....	<input type="checkbox"/> \$75
Camp Fire National Diversity, Equity, and Inclusion Training .....	<input type="checkbox"/> \$15
Camps on Campus (COC) 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 \$55 <input type="checkbox"/> Non ACA Member \$65
Faith-Based Camp (FBC) Community Retreat.....	<input type="checkbox"/> \$50
Girl Scout Camp Professionals Kindred Meeting (GS) .....	<input type="checkbox"/> \$35
International Camping Fellowship (ICF) 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 Breakfast .....	<input type="checkbox"/> \$25
Racial Healing: Pain, Projections and Possibilities at Camp Pre-Conference.....	<input type="checkbox"/> ACA Member \$75 <input type="checkbox"/> Non ACA Member \$90
The Salvation Army Camping and Outdoor Ministries Kindred Meeting .....	<input type="checkbox"/> \$0
Youth Mental Health First Aid (YMHFA) Training.....	<input type="checkbox"/> ACA Member \$65 <input type="checkbox"/> Non ACA Member \$100
"Kindred Only" Processing Fee* .....	<input type="checkbox"/> \$15

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

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

Current as of 12/09/2019. Check the website for updates and new events.

Note: Pre-registration for pre-conference standards-related trainings 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 \_\_\_\_\_

**Tax Deductible**

## 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.

**Registrant is responsible for retaining a copy of the completed form.**