

Registration Form

Please do not write in this space.



FEBRUARY 2-4, 2021

Save Money — Register by December 16, 2020. Separate form required for each person.

1 ATTENDEE INFORMATION:

Form fields for First Name, Last Name, Member Number, Camp/Organization, City, and State.

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

Mailing Address, City, State, Zip, Province, Country, Weekday Phone, Cell Number, Email fields.



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

Must be received by ACA on or before 1/11/2021.

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 — There is a \$40 fee for all cancellations postmarked on or BEFORE 01/22/2021 and a \$75 fee for all cancellations postmarked AFTER 01/22/2021. No-shows are not refundable. PHONE CANCELLATIONS ARE NOT ACCEPTED. Written request for cancellation is required and can be faxed or emailed.

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.
2. List the address where your confirmation materials should be mailed.
3. IMPORTANT — Your member number is KEY to accurately processing your registration.

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.
4. ACA-member, full-time students must provide a copy of their student ID with completed registration form to access the complimentary rate.
5. 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 or 765-342-8456
View current conference information at: ACAcamps.org/conference

Name _____

3 REGISTRATION FEES

Registration Fee Includes: Live conference educational content and access to on-demand recordings of educational content until February 19, 2021.

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 or 800-428-2267.

Check the appropriate box..... by 12/16/20 12/17/20 and after

ACA Individual Member — 1st Person	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
ACA Individual Member — Additional Person	<input type="checkbox"/> 95	<input type="checkbox"/> 145
Nonmember — 1st Person.....	<input type="checkbox"/> 445.....	<input type="checkbox"/> 495
Nonmember — Additional Person	<input type="checkbox"/> 345.....	<input type="checkbox"/> 395
National Conference Speakers.....	<input type="checkbox"/> 75.....	<input type="checkbox"/> 75
ACA Student Member.....	<input type="checkbox"/> 0.....	<input type="checkbox"/> 0
<i>Include Copy of Student ID; Must be Full-Time Student</i>		
Student Nonmember	<input type="checkbox"/> 95.....	<input type="checkbox"/> 95
<i>Include Copy of Student ID; Must be Full-Time Student</i>		

4 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.

TOTAL DUE _____

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.



ACAamps.org

ACA Members Save!

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

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