



## 2009 CEO RETREAT REGISTRATION FORM

December 6 – 9, 2009 • Doubletree Portland - Lloyd Center, Portland, OR

**Hotel Reservation Deadline: November 5, 2009**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name on Badge: \_\_\_\_\_ Title: \_\_\_\_\_


Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Tel: \_\_\_\_\_

 If you require special food and/or rooming accommodations, please notify us immediately

**Pre-registration deadline is November 14, 2009. After this date, please register on-site.**

Fee: \$450

I will also attend the Policy Summit  
(No additional charge)

***ALL REGISTRATIONS REQUIRE PREPAYMENT BY ONE OF THE FOLLOWING METHODS (PLEASE CHECK ONE):***

Purchase Order No: \_\_\_\_\_  AMEX  MC  VISA  Check

**\*A purchase order is required if payment is not received with registration form.**

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature \_\_\_\_\_ Name on Credit Card \_\_\_\_\_

*Checks should be made payable to APHSA. Please reference attendee and conference name on all payments.*

- **HOTEL:** Doubletree Portland - Lloyd Center Hotel, 1000 NE Multnomah Street, Portland, OR 97232 - \$120 single/double. (800) 996-0510 by **November 5, 2009** and reference **AA9** to receive this rate.
- **CONFIRMATIONS/RECEIPTS:** Confirmations will be e-mailed to each attendee. Receipts will be placed inside name badge at check-in.
- **NOTE:** Please attach all payments to registration form; one form per registrant. **To be invoiced by APHSA, you must have a purchase order and the purchase order must be received by the start of the conference.\*** Please return invoice when sending payment. Check in at registration desk to receive name badge and conference materials.
- **CANCELLATION POLICY:** All cancellation requests must be received in writing by **November 11, 2009**. No refunds will be available after this date. We will not accept cancellation requests by phone. **A \$100 cancellation fee will be assessed for both pre-paid registrations and for those invoiced on a purchase order.\*** All refunds will be processed after the conference. Registration fees for "no shows" will not be refunded.

Send completed form to: Bobbie Westmoreland, x255, [westmoreland@aphsa.org](mailto:westmoreland@aphsa.org) or Freddy Wiggins, x264, [fwiggins@aphsa.org](mailto:fwiggins@aphsa.org)  
APHSA, 1133 19th Street, NW, Suite 400, Washington, DC 20036—Tel: (202) 682-0100; Fax: (202) 408-5947; <http://www.aphsa.org>

**\*DENOTES CHANGE IN APHSA REGISTRATION POLICY. PLEASE SEE GENERAL INFORMATION FOR MORE DETAILS.**

*For APHSA Use Only:* Date \_\_\_\_\_ ID# \_\_\_\_\_ APHSA Inv. # \_\_\_\_\_ Check Amount \_\_\_\_\_  
Batch \_\_\_\_\_ Voucher/PO#: \_\_\_\_\_ Processor Initials: \_\_\_\_\_