

2009 Sponsor/Exhibitor Registration Form

- Emerald Sponsor – 4 complimentary full meeting registrations
- Sapphire Sponsor – 2 complimentary full meeting registrations
- Ruby Sponsor – 1 complimentary full meeting registration
- Gold Sponsor – 1 complimentary full meeting registration
- Exhibit Booth – 1 complimentary full meeting registration

Last Name: _____ First Name: _____

Name on Badge: _____ Title: _____


Agency Name: _____ Sponsor Level _____

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 October 20, 2009. After this date, please register on-site.

Registration Category

Full Complimentary

Exhibit Booth Only (not attending sessions)

Full Conference Registration

	Before 10/20/09	After 10/20/09 and Onsite
<input type="checkbox"/> Exhibit Booth Only (not attending sessions)	\$350	\$350
<input type="checkbox"/> Full Conference Registration	\$800	\$850

Please indicate which meal functions you plan to attend:

Monday, 11/09/09 All-Attendee Evening Reception

Tuesday, 11/10/09 All-Attendee Luncheon

Wednesday, 11/11/09 All-Attendee Luncheon

Total Payment _____

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:** Crystal City Gateway, 1700 Jefferson Davis Hwy., Arlington, VA 22202 — \$207.00. Call hotel's reservation line at (800) 228-9290 by **October 16, 2009** 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 **October 20, 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: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, westmoreland@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: _____