



American Association of Public Welfare Attorneys

an affiliate of the American Public Human Services Association

2009 CONFERENCE REGISTRATION FORM

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

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

Hotel reservation deadline is 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

Please check the appropriate box:

Registration Category	Fee		
<input type="checkbox"/> Federal/State/Local Agency	\$540	<input type="checkbox"/> Vendor	\$740
<input type="checkbox"/> Nonprofit Organization	\$540	<input type="checkbox"/> One-Day Attendance	\$215
<input type="checkbox"/> OR State/Local Staff	\$305	<input type="checkbox"/> Pre-Conference Brunch at Multnomah Falls	\$40
<input type="checkbox"/> Sponsor	\$540	(Separate payment allowed)	
		<input type="checkbox"/> I will bring a guest*	\$50

Guest Name _____
*Entitles a spouse/guest to attend all conference social events at the conference hotel – breakfast, breaks and receptions.

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:** Doubletree Portland - Lloyd Center Hotel, 1000 NE Multnomah Street, Portland, OR 97232 - \$120 single/double. (800) 996-0510 by **November 5, 2009** and reference **AAPWA** 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: Freddy Wiggins, x264, fwiggins@aphsa.org or Bobbie Westmoreland, x255, rwestmoreland@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: _____