



American Association of SNAP Directors

an affiliate of the American Public Human Services Association

2009 ANNUAL CONFERENCE REGISTRATION FORM

October 11 – 14, 2009 • The Hotel Albuquerque at Old Town, Albuquerque, NM

Hotel Reservation Deadline: September 11, 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 September 25, 2009. After this date, please register on-site.

Please check the appropriate box:

Table with 4 columns: Registration Category, Fee, and two columns of checkboxes with associated fees.

Total Payment: _____

*A vendor is defined as anyone who is neither a federal, state, city or county government employee nor an employee of a 501 (c)(3) organization.

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: Hotel, The Hotel Albuquerque at Old Town, 800 Rio Grande Blvd., NW, Albuquerque, NM 87104—\$81 + tax (or prevailing per diem rate). Call hotel's reservation line at (800) 237-2133 by September 11, 2009 to receive this rate. Please refer to rate code GRPD92.
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.
CANCELLATION POLICY: All cancellation requests must be received in writing by September 16, 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.

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: _____