



Center for Workers with Disabilities

a technical assistance center of APHSA and NASMD

2009 ANNUAL CONFERENCE REGISTRATION FORM

November 9 - 11 • Crystal Gateway Marriott, VA

Hotel Reservation Deadline: October 16, 2009

Last Name: _____ First Name: _____

Name on Badge: _____ Title: _____


Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

Emergency Contact _____ Relationship _____ Tel: _____

 **Special needs required or dietary restrictions** (Please specify what they are): _____

Pre-registration deadline is October 20, 2009. After this date, please register on-site.

Please check the appropriate box:

Please check the appropriate box:

Registration Category

CWD member

Fee

No Fee

Registration Category

Nonmember

Fee

\$400

Will You Attend? (No additional fee applies)

CWD Special Evening Event Nov. 9th*

Tuesday NASMD Meeting

Tuesday NASMD Luncheon

Wednesday NASMD Meeting

Wednesday NASMD Luncheon

Total Payment: _____

Will You Attend?

CWD Special Evening Event Nov. 9th

**additional fee will apply

****DENOTES A FEE WILL BE ADDED.**

***IF YOU WOULD LIKE TO BRING A GUEST, CONTACT ONE OF THE CONFERENCE ASSISTANTS BELOW.**

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 Gateway Marriott – 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. Please reference NASMD when calling.

▪ **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: Bobbie Westmoreland, x255, westmoreland@aphsa.org or Freddy Wiggins, x264, 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: _____