



American Association of Public Welfare Attorneys

an affiliate of the American Public Human Services Association

2010 CONFERENCE REGISTRATION FORM

September 12 – 15, 2010 • Doubletree Guest Suites Hotel, Charleston, SC

Hotel reservation deadline is August 11, 2010

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 August 23, 2010. After this date, please register on-site.

Please check the appropriate box:

Registration Category	Fee		
<input type="checkbox"/> Federal/State/Local Agency	\$540	<input type="checkbox"/> Ft. Sumter Cruise (Pre-Conference - Sun., 09/12/10)	\$14.75
<input type="checkbox"/> Nonprofit Organization	\$540	<input type="checkbox"/> I will bring a guest**	\$50
<input type="checkbox"/> Sponsor	\$540	**Entitles a spouse/guest to attend all conference social events at the conference hotel – breakfast, breaks and receptions	
<input type="checkbox"/> Vendor (non-sponsor)	\$740	<input type="checkbox"/> Guest for Reception at the Exchange and Old Provost Dungeon (Mon., 09/13/10)	\$40
<input type="checkbox"/> One-Day Attendance* <small>*(Note: Not Available to Vendors)</small>	\$227		
Total Payment: _____		Guest Name _____	

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 Guest Suites, 181 Church Street, Charleston, SC - \$142 single/double. Call (877) 408-8733 by August 11, 2010 and reference AAPWA/NASTA 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 August 18, 2010. 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

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