



American Association of SNAP Directors

an affiliate of the American Public Human Services Association

2010 ANNUAL CONFERENCE REGISTRATION FORM
October 17 – 20, 2010 • The Grove Hotel, Boise, ID

Hotel Reservation Deadline: September 13, 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 September 27, 2010. After this date, please register on-site.

Please check the appropriate box:

Table with 4 columns: Registration Category, Fee, Registration Category, Fee. Includes options for ID State or Local Agency, State Agency, Local Agency, Federal Agency, NPO Agency, Exhibit Staff, Vendor\*, and Spouse/Guest.

Total Payment: \_\_\_\_\_ 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: The Grove Hotel, 245 South Capitol Boulevard, Boise, ID 83702 —\$85.00 + tax is the room rate. Call the hotel's reservation line at (888) 961-5000 by September 13, 2010 to receive this rate. Please refer to Group Code GRPSNAP.
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 September 17, 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 available 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: \_\_\_\_\_