

## 2010 CHILD WELFARE POLICY SUMMIT REGISTRATION FORM

**November 8 – 10, 2010 • Crystal Gateway Marriott, Alexandria, VA**

**Hotel Reservation Deadline: October 08, 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 October 18, 2010. After this date, please register on-site.**

**Please check the appropriate box:**

Registration Category	Fee
<input type="checkbox"/> NAPCWA Member	\$400
<input type="checkbox"/> NAPCWA Non-Member	\$450
<input type="checkbox"/> One Day Attendee	\$200
<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	
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:** Crystal City Gateway, 1700 Jefferson Davis Hwy., Arlington, VA 22202 — \$229.00 + tax (currently 10.25%) is the room rate for either single/double. Call hotel's reservation line at (800) 228-9290 by **October 08, 2010** 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 **October 14, 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:** Bobbie Westmoreland, x255, [westmoreland@aphsa.org](mailto:westmoreland@aphsa.org) or Freddy Wiggins, x264, [fwiggins@aphsa.org](mailto:fwiggins@aphsa.org)  
 APHSA, 1133 19<sup>th</sup> Street, NW, Suite 400, Washington, DC 20036—Tel: (202) 682-0100; Fax: (202) 408-5947; <http://www.aphsa.org>

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