

2009 ARDA Fall Conference Registration Form

November 4-6, 2009

Registration is also available online at www.arda.org

REGISTRANT INFORMATION Complete one registration form for EACH PERSON

The Address below is my: Company Address Personal Address
 Please update my permanent record

Attendee Name: _____ **Title** _____

Company: _____ **Nickname (for badge):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone: _____ **Fax:** _____

E:-mail: _____

Spouse Name (if registering): _____ **Spouse nickname (for badge):** _____

FEES & DATES

Fees per person if registration received	On or Before Oct. 2	After Oct. 2
Member		
Board, Trustee, Chairman's League	\$0	\$0
Individual registrant from company	\$700	\$800
Additional registrant(s) from same company*	\$550	\$650
Spouse**	\$275	\$305
Non-Member		
Individual registrant	\$950	\$1050
Spouse**	\$320	\$320
TOTAL AMOUNT DUE		\$

*To qualify for the company discount, all registration forms must be received at the same time.

**Separate registration form required for spouse.

METHOD OF PAYMENT (submit funds in U.S. Dollars on U.S. Bank)

Check: (Payable to ARDA) Amount \$ _____ Check Number _____

Credit Card: American Express Diner's Club MasterCard Visa

Card Number _____ Exp. Date _____

Name on Card _____ Signature: _____

Privacy Disclaimer (applies to this meeting only)

By registering for this meeting, the contact information you are providing, including your name, fax and email address, will be included on the published list of attendees. If you do not want your contact information (name, company, address, email, phone and fax) published in ARDA Fall Conference materials, please check the box below.

DO NOT INCLUDE my information on the meeting attendee list.

Cancellations

Please submit cancellations in writing. Processing fees deducted from refunds: \$100 if received prior to October 9; \$150 if received between October 10 and October 16. No refunds if cancellation is received after October 16, 2009.

Under the Americans with Disabilities Act, I require auxiliary aids or services

Register Online
www.arda.org

Mail Registration
ARDA Fall Conference Registration
1201 15th Street NW, Suite 400
Washington, DC 20005

Fax Registration
202-289-8544