American Camp Association
Upstate New York Section

2008 Conference • January 31 - February 2

"There's No Place Like Camp"

Holiday Inn - Carrier Circle
East Syracuse, New York • (315) 437-2761

REGISTRATION FORM

Please do not write in this space

PRINT clearly and complete one form for each person.

1 BADGE INFORMATION: This is how your badge will read. **PLEASE** print carefully! Redoing badges on site is time consuming for you.

First Name _____ Last Name _____ 1st time ACA conference attendee? ☐ Yes ☐ No

Camp/Organization (Please condense camp name, if necessary, to fit in above space.) _____ Title _____

2 MAILING INFORMATION: Your confirmation will be mailed to this address. ☐ Please check if this change is permanent.

Mailing Address _____

City _____ State _____ Zip _____

Weekday Phone ___-___-____ Fax ___-___-____ Email _____

Please PRINT clearly

3 EMERGENCY CONTACT INFORMATION: *Please list someone who is NOT attending the conference.*

Name of person to contact in case of emergency _____

Relationship _____

Phone ___-___-____ Cell Phone ___-___-____

4 MEMBERSHIP INFORMATION: ACA Members and/or 4-H Affiliates - Please complete this section

ACA Member Number* _____ ACA Section _____

**Must be your personal membership number or accredited/affiliated camp number if you are employed by the same*

4-H/CCE Affiliate: ☐ Yes ☐ No County _____

RETURN THIS FORM with check, money order or credit card account number and authorization to: Terri Konu, ACA Upstate New York, 9200 Sixty Road, Phoenix, NY 13135. If paying by credit card, fax to: 315-695-2500. **Note:** If faxed, **DO NOT** mail duplicate form. Thank you!

REFUND POLICY -
Requests for a refund must be submitted in writing and will be issued at the discretion of the Board of Directors. A processing fee will be withheld from all refunds issued. Requests must be submitted by 2/15/07.

5 REGISTRATION FEES:

FULL CONFERENCE PACKAGE - Includes conference and all meals
(If unable to participate on Saturday for religious reasons, contact the Conference Office for an adjusted rate.)

ACA Member / 4-H Affiliate	☐ $225
Nonmember	☐ $255
ACA Student Member	☐ $100
Full Time Student - Nonmember **	☐ $145

*****This rate includes an ACA Student Membership good for one year***

DAILY RATE *(Per Day Fee)* - Includes that day's program and breaks only.

ACA Member / 4-H Affiliate	☐ $115
Nonmember	☐ $130
ACA Student Member	☐ $35
Full Time Student - Nonmember	☐ $45
Specify Days Attending ..... (Daily participants only)	☐ Thurs. ☐ Fri. ☐ Sat.

MEALS - Daily participants may include meals. Advance purchase via registration is required. ***(Check all meals being purchased.)***

Thursday	*Friday*	*Saturday*
Lunch ☐ $14	Breakfast ☐ $10	Breakfast ☐$10
Dinner ☐ $18	Lunch ☐ $14	Lunch ☐$14
	Dinner ☐ $18	

SPECIAL MEAL REQUIREMENTS
☐ vegetarian ☐ other (specify) _____

6 TOTAL FEES:

FULL CONFERENCE PACKAGE	$_____
DAILY RATE ..... Thursday	$_____
..... Friday	$_____
..... Saturday	$_____
MEALS ..... Total	$_____
TOTAL AMOUNT DUE	**$**_____

7 PAYMENT METHOD: Total all fees and either include a check or money order for the full amount or your charge card information. **Full payment is required in advance.**

☐ Check or money order enclosed ***(payable to ACA Upstate NY)***

☐ Please bill my ☐ MC ☐ VISA ☐ Discover

Card Number _____

Exp. Date ___ / ___ (Month / Year) Security Code _____
(3-digit number from signature line on back of card)

Name on Card _____
please print clearly

Signature _____