

AASECT Annual Conference Registration Form

All attendees, including presenters and exhibitors, must pre-register, and pay applicable fees.

Name (to appear on badge): _____ Suffix: _____ Credentials: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

State of Florida Professional (Non-AASECT) Credit Only To have your CE credits reported to Florida's *CE Broker*, please provide your Florida license number(s) : _____



Section 1: Please select registration rate:

	Early Bird Discount! Register By April 15, 2019	After April 15, 2019
Member Registration Rates		
<input type="radio"/> Member	\$500.00	\$650.00
<input type="radio"/> Student	\$275.00	\$375.00
<input type="radio"/> Retired	\$305.00	\$405.00
Presenter Registration Rates		
<input type="radio"/> Presenter	\$450.00	\$600.00
Non-Member Registration Rates*		
<small>Non-Member Registration includes AASECT membership through 12/31/2019</small>		
<input type="radio"/> Non-Member	\$725.00	\$825.00
<input type="radio"/> Student	\$375.00	\$475.00
Single Day Registration Rates		
<input type="radio"/> Single Day Friday	\$250.00	\$285.00
<input type="radio"/> Single Day Saturday	\$250.00	\$285.00
<input type="radio"/> Single Day Sunday	\$250.00	\$285.00

Total Section 1: \$ _____

Section 2: Please answer the following required questions:

- Do you require assistance for disability:** Yes No
Please note any mobility requirements: _____
- Dietary Restrictions:** Vegetarian Kosher Gluten Free
- Is this your first AASECT Annual Conference:** Yes No
- Printed Program:** Printed programs will be available by **pre-order only** and must be paid for in advance.
 Yes – (I will add \$5.00 to my total below)
 No – I will use the conference mobile app and/or download & print the program
- Please select which of the following events/meals you plan to attend.** Both the Opening Reception and Awards Plenary Luncheon are included in the cost of full registration but pre-registration is required. Tickets will not be available onsite:
Opening Reception (Thurs. evening): Yes No Guest (add \$25)
Guest Name: _____
Awards Plenary Luncheon (Sat.) : Yes No Guest (add \$50)
Guest Name: _____
- I will be staying at The Loews Philadelphia Hotel:** Yes No
Hotel reservations should be made at The Loews Philadelphia Hotel. Please make your reservations early, as the group rate will be unavailable once the room block is full. To reserve your room, please visit www.aasectannualconference.com.
- I have read, understand and agree to abide by the AASECT Professional Conduct Guidelines posted at www.aasectannualconference.com** I agree

Total Section 2 (guest tickets and/or printed program): \$ _____

