

Registration Form

Name _____ First Name for Badge _____

Title _____

Company _____

Address _____

City/State/Zip _____

Telephone/Fax _____

E-mail _____

Attending for the first time? Yes

If paying the spouse/guest fee, please provide name for listing in registration and badge:

Name _____ First Name for Badge _____

REGISTRATION FEES: Registrants who plan to attend a forum must indicate selection below.

Full Conference Fees	Early Bird	After 8/25	Amt.
Member	\$875	\$975	\$
6 th + Member, same firm	\$695	\$795	\$
Non-Member	\$1,200	\$1,400	\$
Spouse Fee	\$395	\$495	\$

Full Conference fee includes: opening reception, three breakfasts, two luncheons, refreshment breaks, exhibit hall activities, electronic compendium, Sales & Marketing Forum, Conference gift, and education sessions.

FORUM ONLY Member/(Non-Member)	Early Bird	After 8/25	Amt.
<input type="checkbox"/> Sales/Marketing	\$325 (\$425)	\$425 (\$525)	\$
<input type="checkbox"/> Legal Counsels Forum	\$350	\$450	\$

Daily Fees Member/(Non-Member)	Early Bird	After 8/25	Amt.
Wednesday or Saturday	\$225 (\$325)	\$325 (\$425)	\$
Thursday or Friday	\$275 (\$375)	\$475 (\$575)	\$

CASE Convocation-only registrants choose "Thursday" option.

Please indicate day(s): Wednesday Thursday Friday Saturday

Daily fees do not include: Opening Reception, CASE Dinner, Local Color Night, spouse tours or PAC activities.

3 Easy Ways to Register

ONLINE: www.acec.org FAX: 202-682-4361

MAIL TO:
ACEC Meetings & Conventions
1015 15th Street, NW
8th Floor
Washington, DC 20005-2605

EXTRA TICKETS

	Cost	Qty.	Amt.
Wednesday, September 26			
Opening Reception	\$100	_____	_____
CASE 20 th Anniversary Banquet <i>(includes Opening Reception)</i>	\$120	_____	_____
Discover Maui Tour	\$115	_____	_____
Thursday, September 27			
Luncheon and Dessert with Exhibitors	\$75	_____	_____
Spouse Breakfast and Tour <i>(RSVP required)</i> <i>(included in the spouse fee)</i>	NC	<input type="checkbox"/> YES, I will attend	
Molokini Snorkel Excursion	\$130	_____	_____
Friday, September 28			
Luncheon and Dessert with Exhibitors	\$75	_____	_____
Spouse Breakfast <i>(RSVP required)</i> <i>(included in the spouse fee)</i>	NC	<input type="checkbox"/> YES, I will attend	
Local Color Night!	\$80	_____	_____
Old Lahaina Shopping	\$85	_____	_____

TOTAL PAYMENT ENCLOSED - \$ _____

PAYMENT INFORMATION: Registration must be accompanied with payment. Confirmation will be mailed once payment is received.

Check one: Check American Express Visa MasterCard

Credit Card Number _____ Exp. Date _____

Name of Cardholder _____

Authorized Signature _____

If you require special assistance to fully attend, such as a wheelchair accessible room, please attach a written description of your needs.

Approximately 36 percent of the registration fee for this meeting is allocable to meals and/or entertainment. In accordance with IRS requirements, fifty percent of such allocations may be deductible as a business expense. The remainder of the registration fee (64 percent) also may be deductible. Spouse/guest fees for the Conference are non-deductible. This information is provided for informational purposes only and is not intended as tax advice. Please consult a tax professional for advice on the deductibility of your expenses.

ACEC/PAC Event Registration Form

Name: _____

Spouse Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone/Fax/E-mail: _____

*Signature for 2007 _____

*Signature for 2008 _____

*Signature for 2009 _____

*The Federal Election Commission requires that ACEC/PAC solicit only members who have given consent in the form of the prior approval signature noted above.

	Qty.	Amt.
Sweepstakes Tickets @ \$200 per person	_____	_____
ACEC/PAC Happy Hour Cruise @ \$125 per person	_____	_____
ACEC/PAC Golf Tournament at Wailea Golf Course @ \$290	_____	_____
<input type="checkbox"/> Yes, I require rental clubs: <input type="checkbox"/> W/R <input type="checkbox"/> W/L <input type="checkbox"/> M/R <input type="checkbox"/> M/L	_____	_____

Some activities are subject to cancellation if minimum requirements are not met. Please list the number of tickets in the space provided.

Payment Information

ACEC/PAC can only accept personal checks or credit cards (Corporate checks cannot be accepted).

Check Visa MasterCard American Express

Total enclosed \$ _____

Credit Card Number _____

Name of Card Holder _____ Exp. Date _____

Authorized Signature _____

Contributions are not tax deductible as charitable donations for federal income tax purposes. This information is provided for informational purposes only and is not intended as tax advice. Please consult a tax professional for advice on the deductibility of your expenses.