



38TH NATIONAL CONFERENCE REGISTRATION FORM

November 6 - 9, 2019  The Westin Book Cadillac Detroit  Detroit, Michigan



CONTACT INFORMATION - PLEASE PRINT OR TYPE

Full Name _____ First Name on Badge _____

Designation (e.g., JD, LLM) _____

Institution/Organization _____

Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

For networking purposes, would you like your contact information to appear on the conference registration list seen by fellow attendees and exhibitors?

- Yes, I'd like to network. No, please keep my information private.
- Special Needs: AAfPE complies with ADA requirements. If you have special needs, please attach a written request.
- Dietary Restrictions: _____

'NEWCOMER' - CHECK ALL THAT APPLY

- This is my first AAfPE Conference New Program Director/Faculty

PLEASE MARK YOUR SELECTION BELOW - WEDNESDAY, NOVEMBER 6

- AAfPE 101

REGISTRATION FEES

On or Before 10/1/19

After 10/1/19 & On-Site

- Full Early Members (First Attendee) \$525 \$625
- Full Early Members (Additional Attendee) \$495 \$595
- Non-Member \$995 \$995
- Non-Member (Additional) \$925 \$925

- One-Day Fee - indicate which single day (cannot combine days)
 - Thursday Friday Saturday
 - Early Daily Rate \$215 \$215
 - Regular Daily Rate \$250 \$250
 - Students \$55 \$85

- Pre-Conference Workshop (CLE pending) \$50 \$50

- Spouse/Guest Name: _____ \$120 \$120
(includes all on-site food events - please list name above)

TOTAL REGISTRATION FEES \$ _____

PAYMENT METHOD:

- Check (Please make check payable to AAfPE)
- Credit Card: MasterCard Visa American Express
 - Account # _____ Exp. Date _____
 - Card Holder's Name _____ CVV Code _____
 - Signature _____
 - Credit Card Billing Address Same as above
 - Address _____
 - City/St/Zip _____

TOTAL FEES: \$ _____



You are authorizing AAfPE to charge your credit card. If you register at the member rate but you are not a member, we will automatically charge the non-member rate. By signing this form, you are authorizing us to do so. By registering for the AAfPE National Conference, I hereby grant permission to use any and all photographic imagery and video, and allow the association to provide my name to hotel for rooms audit. If paying by check, please mail your check and registration form to AAfPE Headquarters, 222 S. Westmonte Drive, #111, Altamonte Springs, FL 32714. Telephone: 407-774-7880; Fax: 407-774-6440. Fax registrations accepted ONLY for credit card payment. No registrations or cancellations accepted by phone. All registration deadlines are strictly adhered to and registrations received after the published deadlines will be charged the appropriate rate according to date postmarked or faxed. Questions? Contact Emma Hyvonen at ehvonen@kmgnet.com or 407-774-7880.

Cancellation/Refund/Substitution Policy

All cancellations or requests for refunds must be received in writing by mail, email, or fax to AAfPE Headquarters as follows: a) Registrations cancelled on or before 8/28/19 are eligible for a full refund minus a \$50.00 processing fee. b) Registrations cancelled between 8/29/19 - 10/3/19 are eligible for a 50% refund. c) Registrations cancelled on or after 10/31/19 are non-refundable, but a request may be made to the Board of Directors for a rollover of the registration fee from the current conference to the immediately following national conference. d) Member substitutions may be made at any time upon payment of a \$25.00 administrative fee. e) Attendees are responsible for making their own hotel and travel reservations and any cancellation fees for these arrangements.

TO AVOID DUPLICATE CHARGES, DO NOT MAIL THE ORIGINAL REGISTRATION FORM IF YOU HAVE FAXED IT TO AAfPE HEADQUARTERS!