AAfPE 2019 Regional Spring Conference: Chicago

Hyatt Centric Chicago Magnificent Mile • April 4-6, 2019

REGISTRATION FORM

CONTACT INFORMATION - PLEASE PRINT OR TYPE:

Full Name _____

First Name on Badge _____ Designation (e.g., JD, Esq.) _____

Title _____

Institution/Organization _____ Region _____

Mailing Address _____

City/St/Zip _____

Phone _____ Email _____

Emergency Contact/Phone _____

For networking purposes, would you like your contact information to appear on the meeting 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 Needs: ❒ Gluten Free ❒ Vegetarian

REGISTRATION FEES

Full Conference - All Tickets included in Registration	ON or BEFORE 3/6/19	AFTER 3/6/19
❒ First AAfPE Member	$185	$195
❒ Additional Representative	$145	$155
❒ Non-Member	$195	$205
❒ Additional Non-Member	$165	$175

TOTAL REGISTRATION FEES $_____

By registering for the regional spring conference, you grant permission to use any and all photographic imagery and video of you collected at the conference. 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 auhorizing us to do so.

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 ehyvonen@kmgnet.com or 407-774-7880.

PAYMENT INFORMATION

❒ Check ❒ MasterCard ❒ VISA ❒ American Express

Account # _____

Exp. Date _____ CVV Code _____

Name on Card _____ Authorized Signature _____

Billing Address (if different from above) _____

City/St/Zip _____

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 3/6/19 are eligible for a full refund minus a $15.00 processing fee. b) Registrations cancelled between 3/7/19 - 3/14/19 are eligible for a 50% refund. c) Registrations cancelled on or after 3/14/19 are non-refundable, but a request may be made to the Board of Directions for a rollover of the registration fee from the current conference to the immediately following annual conference. d) Member substitutions may be made at any time upon payment of a $10.00 administrative fee. e) Attendees are responsible for making their own hotel and travel reservations and any cancellation for these arrangements.