

2007 ACR ANNUAL CONFERENCE REGISTRATION FORM

To register: Print and complete this form and submit as directed below. **Note:** If registering after October 12, 2007, wait to register on-site.

A. ATTENDEE INFORMATION

Type or print information as you would like it to appear in the conference directory. Registration confirmation will be sent to your email address.

First name _____ Last name _____ Nickname for badge _____ ACR ID number (if known) _____

Title _____ Organization _____

Address _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Phone number _____ Fax number _____ Email _____

Special needs (access/food/other): _____ Check here if you plan to attend as a **Presenter only**

B. REGISTRATION FEES

Please circle appropriate amounts

	Member	Non-member
Main Conference – Early Bird Thursday – Saturday (Postmark, fax or email scanned document by October 2, 2007)	\$395	\$495

Main Conference Thursday – Saturday (After October 2, 2007)	\$495	\$595
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Conference Presenter	\$325	\$425
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Full-time Student (Attach proof of full-time student status)	\$195	\$250
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Conference Exhibitor (Limit one per half table, two per full table or more)	\$250	\$250
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Conference Institutes: Wednesday full-day Institute circle choice: A B C	\$140	\$140
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Wednesday half-day Institute - Morning circle choice: D E F	\$80	\$80
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Wednesday half-day Institute - Afternoon circle choice: G H I	\$80	\$80
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International Day Wednesday full-day	\$80	\$80
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Advanced Commercial Mediation Institute (ACMI) Wednesday – Thursday	\$395	\$395
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ACMI discounted Main Conference rate For Main Conference Friday – Saturday when registering for ACMI	\$250	\$250
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Daily Pass Thursday only	\$195	\$235
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Friday only	\$195	\$235
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Saturday only	\$195	\$235
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Purchase Order Processing Fee (Government Voucher, SF187, DD Form 1556, and others)	\$15	\$15
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Total Amount Due: U.S. \$ _____

C. PAYMENT AND REGISTRATION

Payment Method (check one)

Check payable to “ACR Conference” enclosed (U.S. banks only)

Purchase order (paperwork must accompany registration form)

Credit card (MasterCard / Visa/ AmEx)

Cardholder name _____

Credit card number _____

Expiration date _____

Cardholder phone number _____

Cardholder signature _____

Submit completed Registration Form (with form of payment) by mail, fax or email (scanned document) to:

ACR 2007 Annual Conference
PO Box 25112
Arlington, VA 22202

Fax: 703-685-1144

Email: ACRconf@aol.com

For questions regarding conference registration:

ACR Conference Registrar

Phone: 703-685-4130

Email: ACRconf@aol.com