

REGISTRATION FORM

American Association of Food Stamp Directors (AAFSD)

October 17-20, 2004



American Public Human Services Association

Hilton Pittsburgh

600 Commonwealth Plaza, Gateway Center
Pittsburgh, PA 15222

Phone: (412) 391-4600 or 1-800-Hiltons

Room Rate: \$87.00 Single/Double

RESERVATION DEADLINE: SEPTEMBER 17, 2004

Attendees are responsible for making personal lodging arrangements.

Last Name: _____ First Name: _____

Title: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____



If you require special food and/or rooming accommodations, please notify us immediately.

Mail or Fax Registration Form to:

APHSA/AAFSD 2004 Conference
ATTN: Sharon A. Thompson Henson
810 First Street, NE, Suite 500, Washington, DC 20002
Phone: (202) 682-0100 x259 Fax: (202) 408-5947
<http://www.aphsa.org>

NOTE: Vendors are defined as anyone who is not a federal, state, city, or county government employee, or anyone who is not an employee of a 501 (c) (3) organization.

REGISTRATION DEADLINE: October 8, 2004

CONFERENCE REGISTRATION FEES

- Attendee \$375.00
- Vendor Attendee \$400.00
- Exhibit Space \$300.00
- Exhibit Space Staff \$100.00
- Spouse/Guest \$ 50.00
- Pennsylvania** State Staff \$100.00

- ✓ **BILLING:** As appropriate, balances owed for registration fees will appear on the bottom of the confirmation letter and will be accompanied by an APHSA invoice. Please return the invoice when sending payment.
- ✓ **CANCELLATIONS:** APHSA must receive written cancellation notice no later than **OCTOBER 3**, in order to issue a refund, minus a \$50.00 cancellation fee. All refunds will be issued after the conference.
- ✓ **CONFIRMATIONS:** Confirmations will be mailed to each attendee.
- ✓ **PAYMENTS:** Checks should be made payable to APHSA/AAFSD. PLEASE INCLUDE THE AFFILIATE NAME & THE ATTENDEE'S NAME ON THE CHECK STUB.
- ✓ **RECEIPTS:** All receipts will be provided at the conference.
- ✓ **REFUNDS:** There will be no refunds for "no shows."
- ✓ **REGISTRATION:** Two or more individuals cannot share a registration. Everyone should check-in at the registration desk in order to receive a name badge and conference materials.

For Credit Card Use Only

- VISA
 - American Express
 - MasterCard
 - Diners' Club
- _____
Credit Card Number Expiration Date
- _____
Signature Today's Date

Method of Payment

(please check one)

- Visa
- MasterCard
- American Express
- Diners' Club
- Check (personal or agency)

For Official Use ONLY

Date: _____

Voucher/PO#: _____

Member #: _____

Processor Initials: _____

Batch #: _____

APHSA Invoice: _____

Ck. Amt: _____
