

2012 ASAP 5th Annual National Training Conference Registration Form (061.381)

March 20-23, 2012 – New Orleans, Louisiana

American Society of Access Professionals (ATTN: NTC)

1444 I Street, NW, Suite 700, Washington, D.C. 20005-6542

E-Fax: 202-216-9646 Analog Fax: 202-216-0246 E-Mail: ASAP@bostrom.com

Please register by completing the form below and submit to ASAP with your payment information. Registration will be limited and closed when capacity is reached (please check the ASAP website for notification of closure). Telephone registrations or incomplete registrations **ARE NOT** accepted. Please print/type clearly and avoid using abbreviations for agency names/components. Registration lists, name badges, certificates, etc. are based on this information.

1) Last Name: _____ First Name: _____ Nick Name: _____

Title/Position: _____

Agency/Org.: _____ Office: _____

Mail Address: _____

City, State, Zip _____

REQUIRED: Registrant E-mail _____

Registrant Tele: _____ (Please use commercial listing)

2) _____ Yes _____ No Publish my name/organization/telephone/fax/E-mail in the Networking Booklet.

3) Please list any Americans With Disabilities Act special needs:

4) **Lunch Tickets:** Lunches are factored into the registration fee, so you are entitled to eat lunch with the group. However, if you want to eat lunch with the group, you must reserve a lunch ticket. There is no reduction in fees if you choose to have lunch on your own. The hotel is providing group luncheons for hundreds of people and cannot cater to individual tastes. However, if you have a medical or religious dietary limitation, please contact asap@bostrom.com and staff will try to accommodate your need. Lunch is on your own on Thursday, March 22.

If this section is not completed, no lunch will be ordered for you. Every effort will be made to honor selections if submitted by March 9. Hotel reserves the right to make reasonable substitutions.

Lunch on Wed, March 21

- No, I will make my own lunch plans.
- Yes, I will eat with the group. (Make selection below.)
- Grilled Chicken Breast Served with Sauce Verde, Cilantro, Green Chile Tomatillos, Louisiana Popcorn Rice, Herbed au Jus
or
- Penne Pasta with a Marinara Sauce and Seasonal Mixed Vegetables

Lunch on Fri, March 23

- No, I will make my own lunch plans.
- Yes, I will eat with the group. (Make selection below)
- Shrimp Etouffee - A Mildly Spiced Stew with Shrimp, Tomatoes and Onions Served over Rice
or
- Fettuccini Pasta with Fresh Tomato Sauce with Snow Peas, Roasted Bell Peppers and Green Beans

5) _____ Yes _____ No **ASAP Member?** ASAP is a nonprofit, professional member society. Federal, state or local government employment does not automatically give one ASAP membership or member discounted program fees.

-CONTINUES-

6) Please check the Break Out sessions you will attend. (This information is critical in determining appropriate-sized meeting rooms for each session.) It is expected that everyone will be in attendance at the plenary sessions.

Wed, March 21

- 9:45 am Session 1.02 Session 1.03 Session 1.04 Session 1.05
- 11:15 am Session 1.06 Session 1.07 Session 1.08 Session 1.09
- 1:45 pm Session 1.10 Session 1.11 Session 1.12 Session 1.13
- 3:15 pm Session 1.14 Session 1.15 Session 1.16 Session 1.17

Thur, March 22

- 1:15 pm Session 2.04 Session 2.05 Session 2.06 Session 2.07
- 2:45 pm Session 2.08 Session 2.09 Session 2.10 Session 2.11
- 4:00 pm Session 2.12 Session 2.13 Session 2.14 Session 2.15
- Session 2.16 Session 2.17 Session 2.18

Fri, March 23

- 10:45 am Session 3.03 Session 3.04 Session 3.05 Session 3.06
- 1:15 pm Session 3.07* Session 3.08* Session 3.09 Session 3.10
- 2:45 pm Session 3.07* Session 3.08* Session 3.11 Session 3.12

*Sessions 3.07 and 3.08 are extended sessions that span the 1:15 pm and 2:45 pm time frames.

Payment: Please refer to the procedures for registration, confirmations, receipts and cancellation fee policy. Registration **MUST** be accompanied by a credit card and authorized signature or completed training authorization form (SF182). Registrants and card holders should check www.accesspro.org for confirmation of registration, thereby eliminating the need to call the ASAP office. ASAP requires three business days for registration processing. Submitting registration without payment authorization does not hold seat nor fee structure.

REGISTRATION FEES – PLEASE REFER TO OUR NEW POLICY

REGISTRANTS STAYING AT HILTON

- 1st Early Bird Option – Through January 5, 2012**
- \$700 Members \$775 Nonmembers
- 2nd Early Bird Option – January 6 - February 10, 2012**
- \$760 Members \$835 Nonmembers
- Full Rate - After February 10, 2012**
- \$810 Members \$875 Nonmembers

REGISTRANTS STAYING ELSEWHERE*

- 1st Early Bird Option – Through January 5, 2012**
- \$800 Members \$875 Nonmembers
- 2nd Early Bird Option – January 6 - February 10, 2012**
- \$860 Members \$935 Nonmembers
- Full Rate - After February 10, 2012**
- \$910 Members \$975 Nonmembers

*Waived for local attendees

ASAP Tax ID: 54-1152-815

DUNS: 184057818

Central Contractor Cage #: 1QTQ9

____ Training Authorization Enclosed Document/Purchase Order/Requisition #: _____

____ Check or Money Order Enclosed Check/M.O. # _____

____ Bill Credit Card -ASAP accepts VISA, MasterCard, American Express, IMPAC. Credit cards are processed within one week of submission. The system **automatically** emails receipts to the cardholder when the transaction is processed. Cardholders **MUST** provide a valid email address. ASAP is not a government agency. ASAP is coded as a 'member services organization.' If your card is declined, 1) please ensure that you entered the activated card number and expiration correctly and 2) check with your agency to see if the card is or can be authorized for our code. Most card holders have no issues once the code authorization is rectified. If you are using a travel card, it is highly unlikely that you can pay for a registration/tuition fee.

TOTAL AMOUNT REGISTRATION FEES: \$ _____

(REQUIRED) Card Holder Email: _____

Card Holder Name: _(Printed) _____

Credit Card: Number: _____ - _____ - _____ - _____ Exp. _____

Card Holder Signature: _____

Tel: : _____ Fax: _____