

ASAP 9th National Training Conference Registration Form
Course #1137
July 18-20, 2016 – Arlington, Virginia
Renaissance Arlington Capital View Hotel - Arlington, Virginia

The American Society of Access Professionals
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Telephone registrations ARE NOT accepted. Please register by completing the form below and faxing or emailing it to ASAP. ASAP reserves the right to close registration when program capacity is reached. (Upon registration closure, a notice will be placed on the ASAP website.) **Registrations without payment information or proper authorization signatures will NOT be accepted.** Please print clearly and avoid using abbreviations for agency names/components. Registration lists, name badges, certificates, etc. are based on this information. **Save \$50 by registering and paying on-line!** See general information for more details.

All Fields Required:

Last Name: _____ First Name: _____ Nickname: _____

Title/Position: _____

Agency/Org.: _____ Office: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tele: _____ Registrant E-mail: _____

Yes No Publish my name/organization/E-mail in the Networking Booklet (for registrations received by July 12).

Yes No ASAP Member? ASAP is a nonprofit, professional member society. Federal, state or local government employment does not automatically entitle one to ASAP membership or member discounted program fees.

Yes No Are you an attorney? If so, which state(s)? _____

_____ How many years have you been working in FOIA?

_____ How many years have you been working in Privacy?

Please list any special needs. ASAP, in compliance with the ADA is happy to assist (Must register by July 1, 2016).

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 forms (SF-182).

Training Conference Tuition/Fees – (Hotel is a separate charge: per diem of \$174 for single/double occupancy)

Tuition/Fees include the one, two or three-day training conference, presentation materials that are downloadable for paid registrants, early morning coffee, mid-morning and afternoon coffee breaks.

ASAP successfully negotiated several contract incentives with the event hotel, Renaissance Arlington Capital View. These incentives are directly based on how many of our registrants stay at the event hotel. ASAP is passing this savings onto each registrant through the registration fee for those who stay at the event hotel. **Local attendees are also entitled to these lower rates.** ASAP will compare registration lists to ensure policy compliance. Registrants who paid the lower registration fee and did not stay at the Renaissance Arlington Capital View Hotel will be responsible for the difference and billed accordingly.

REGISTRATION FEES DEADLINES	ASAP MEMBER Local/Commuters or Those Staying at Event Hotel	ASAP MEMBER Non-local/ Those Staying at Other Hotel	NON-MEMBER Local/Commuters or Those Staying at Event Hotel	NON-MEMBER Non-local or Those Staying at Other Hotel
Through May 15				
Three Day Fee	\$825	\$975	\$925	\$1075
Two Day Fee	\$725	\$875	\$800	\$950
One Day Fee	\$400	\$500	\$440	\$540
May 16 – June 19				
Three Day Fee	\$850	\$1000	\$950	\$1100
Two Day Fee	\$775	\$925	\$850	\$1000
One Day Fee	\$425	\$525	\$465	\$565
June 20 – July 10				
Three Day Fee	\$875	\$1025	\$975	\$1125
Two Day Fee	\$825	\$975	\$900	\$1050
One Day Fee	\$450	\$550	\$485	\$585
After July 10 (Includes Late Reg/Walk-ins)				
Three Day Fee	\$900	\$1050	\$1000	\$1150
Two Day Fee	\$850	\$1000	\$925	\$1075
One Day Fee	\$475	\$575	\$510	\$610
Save \$50 by registering and paying on-line!!				

Attendance and Tuition/Fees: Specified Days Attending (if applicable)

Three Day Attendance _____

Two Day Attendance _____

One Day Attendance _____

Payment Method:

Signed Training Authorization Attached (SF-182)

Credit Card (VISA, MasterCard, American Express, IMPAC. Cards are processed weekly, PRIOR to the program.

Check/ Money Order Enclosed: Check #: _____ Amount: \$ _____

Please provide information below:

Card Holder E-mail (REQUIRED): _____ **Total Amount:** \$ _____

Card Holder Name: _____

Card Holder Signature: _____

Card Holder Phone: _____

Card Number: _____ Exp. Date: _____

Please contact me for full credit card number.

Once payment has been processed, this form will be shredded. Receipts are automatically emailed to cardholders.