

**Registration Form - 2011 National Service Coordinator Conference
Orlando FL • August 28 - 31, 2011**

I. CONTACT INFORMATION

Name: _____ Nickname for Badge: _____
 Title: _____ Degree: _____ License/Cert. _____
 Organization/Facility: _____ Populations Served: Elderly Disabled Family ROSS FSS
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____
 Parent/Management Company: _____

II. REGISTRATION*

Registration Types	On or before August 5	After August 5
Sunday-Wednesday		
AASC Member/Property Manager*	\$625	\$725
Non-Member	\$825	\$925
Monday-Wednesday		
AASC Member/Property Manager*	\$565	\$665
Non-member	\$765	\$865
One Day		
AASC Member/Property Manager*	\$270	\$320
Non-member	\$370	\$420
Special Registrations		
HUD Field Office Staff	\$440	\$540
Workshop Speaker (Sunday-Wednesday)	\$500	\$600
Workshop Speaker (Monday-Wednesday)	\$440	\$540
Optional Registration Items		
Attendance/CEU Certificate*	\$20	\$20
EXTRA Meals & Event Tickets (all inclusive)	\$300	\$375
EXTRA Meal Ticket (individual)	\$60	\$70
EXTRA Reception Ticket	\$75	\$100

Enter Your Group Discount Code Here

 Please call 614-848-5958, ext. 103 for details on Group Discounts

Enter Amount Here

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Day _____ \$ _____
 Day _____ \$ _____

X # Meals: _____ = \$ _____

*1.Registration fees include all meals and social events associated with the conference and/or that day. 2.AASC dues must be paid through August 2011 in order to receive the member rate. 3.Property managers do not have to be a member to get the member rate. 4.If you want a record of the sessions you attended you must purchase the Attendance/CEU certificate.

III. MEMBERSHIP DUES Join AASC or renew your membership to take advantage of the member registration fees. Check one membership category only.

Before July 1, 2011 for new members and all 2011 renewals

Individual \$150 Student \$75 Associate \$275 Affiliate Business \$500 (Non Profit \$300) \$ _____

Effective July 1, 2011 for new members only

Individual \$185 Student \$90 Associate \$340 Affiliate Business \$615 (Non Profit \$370) \$ _____

IV. PAYMENT METHOD Federal ID number: 31-1670185. **Payment in full is required prior to attendance.**

A check in the amount of \$ _____ is enclosed. Make checks payable to AASC. **Total Due** \$ _____
 Purchase Order Number: _____ (please attach a copy of the purchase order)
 Credit card information: VISA Master Card Discover Email for receipt: _____
 Name of Cardholder: _____ Company Name: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Card # _____ Expiration Date: _____ CSV Code*: _____
 Cardholder Signature: _____ * Last three or four digits listed on the back of your credit card.

V. OTHER INFORMATION

Special accessibility requirements: _____ Diabetic meals Vegetarian meals

VI. WORKSHOP SELECTION Please indicate your preferred workshops by writing the letter and number of your selection for each time slot (e.g., M10).

Sunday, August 28 *Select One per Time Slot*
 12:00 pm- 3:30 pm (S1-S3) _____

Monday, August 29 *Select One per Time Slot*
 10:30 am- 12:00 pm (M1- M10) _____
 2:15 pm- 3:45 pm (M11- M20) _____
 4:15 pm- 5:15 pm (M21- M30) _____

Tuesday, August 30 *Select One per Time Slot*
 10:30 am- 12:00 pm (T1- T10) _____
 1:30 pm- 3:00 pm (T11- T20) _____
 3:30 pm- 5:00 pm (T21- T30) _____

Wednesday, August 31 *select On per Time Slot*
 8:30 am- 10:00 am (W1-W10) _____
 10:30 am- 11:30 am (W11-W15 or N1-N3) _____
 1:45 pm- 3:15 pm (W16-W20) _____



Return your Registration Form with payment to:

Email: info@servicecoordinator.org FAX: (614) 848-5954 Mail: AASC, PO Box 1178, Powell, OH 43065
 Questions? Call (614) 848-5958 or visit www.aascconference.org