

Attendee Registration Form ■ ACUU Conference

June 8-9, 2010, Desmond Hotel & Conference Center, Albany, NY

www.nysaaaa.org/acuu

PAYMENT MUST ACCOMPANY REGISTRATION FORM

ADVANCE REG
POSTMARKED BY **MAY 5TH**

LATE REG
POSTMARKED **MAY 6TH** OR AFTER

Full Conference Rate Package:	\$195	\$240
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Full conference: all workshops & Tuesday Lunch and Dinner, Wednesday Breakfast & Lunch

Hotel: Group Rate of \$139 per night single/double plus tax, unless tax exempt form is provided) at Desmond Hotel (518) 869-8100 until May 5, Group 11K76K

One form per Attendee please:

NAME: _____ TITLE: _____

Company/Organization: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Special Dietary Needs: _____

Monday, June 7th Pre-Conference Seminar: I want to attend the pre-conference session on Mon. June 7th from 1:00 pm to 4 pm. There is no separate fee for the Pre-Conf. seminar, but attendance is limited to the first 40 registrants and available ONLY to those pre-registered for the ACUU Conference.

Check here for the 6/7 Pre Conf:

Meal Events (included in full package rate):

Tuesday, June 8 Dinner - Select dinner entree: Chicken & Beef Fish Vegetarian

Wed. June 9 Breakfast – buffet includes eggs, bacon/sausage, continental items

TOTAL AMOUNT ENCLOSED: \$ _____

Make CHECK or COUNTY VOUCHER payable to: "NYSAAAA" (Federal ID 16-1107763)

Please **MAIL** in Registration Form with payment to the address below:

NYSAAAA, 272 Broadway, Albany, NY 12204-2717 ~ Phone: (518) 449-7080; Fax: (518) 449-7055

Requests for refunds must be made **in writing by June 1, 2010** and are subject to \$50 processing fee per person (\$30 for package B or C). Instead of refund, replacement attendees from same organization are welcome – please notify us in writing of any registration changes – email karen@nysaaaa.org

Redefining Aging