

# 2010 ABVE Annual Conference Registration Form

## Town and Country Resort, San Diego, CA

- Knowledge Enhancement Seminar - March 25, 2010
- Certification Examination – March 25, 2010
- Pre-Conference Workshop - Morning of March 26, 2010
- Conference Sessions –March 26-28, 2010

**\*\*Receive a \$25.00 discount by registering on-line at [www.abve.net](http://www.abve.net)\*\***

**Use a separate form for each registrant. Please type or print.  
Duplicate as necessary and keep a copy of this registration form for your records.**

Full Name \_\_\_\_\_ First name badge \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Mailing Address (  home  work ) \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

ABVE  Diplomat  Fellow  Emeritus  Associate  Student  Special Guest  
 Non-ABVE  CCRC/Canada Special  CVE Special

<u>Registration Options</u>	<u>Postmarked by 2/26/10</u>	<u>Postmarked after 2/26/10</u>	\$
<b>Knowledge Enhancement Seminar</b>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$135	_____
<b>Concurrent Pre-Conference Sessions</b>			
Pre-Conference #1 <input type="checkbox"/> or Pre-Conference #2 <input type="checkbox"/>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$135	\$ _____
<b>One Day Conference</b> <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	\$ _____
<b>Full Conference</b>			
ABVE Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425	\$ _____
Non-ABVE Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	\$ _____
Group discount *	<input type="checkbox"/> -\$ 25	<input type="checkbox"/> -\$ 25	\$ _____
Student	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	\$ _____
Special Guest *	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	\$ _____
Guest Name: _____			
<b>Extra Presidents Reception Ticket</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	\$ _____
<b>APA Continuing Education Units Requested</b>	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$ _____
<b>New Exam Validation Administration*</b> (Diplomates Only)	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday	\$ _____
<b>Total</b>			\$ _____

\* See description in Conference Brochure

Dietary Requirements  Please specify:  Vegetarian  Other \_\_\_\_\_

Special Needs  Please specify: \_\_\_\_\_

**Payment (MUST ACCOMPANY REGISTRATION FORM)**  MasterCard  Visa  American Express  Check (enclosed)

**Make check payable to ABVE in U.S. Dollars. IF YOU FAX THIS FORM, PLEASE DO NOT MAIL THE ORIGINAL.**

A charge of \$25 will apply to checks returned for insufficient funds.

Account Number \_\_\_\_\_

Exp. Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's Name (Please Print) \_\_\_\_\_

Mailing Address of Credit Card \_\_\_\_\_

**Cancellation Policy** ALL CANCELLATIONS MUST BE IN WRITING. Requests for registration fee refunds will be processed as follows: (a) \$25.00 processing fee for cancellations postmarked 30 days before the conference; (b) \$50.00 processing fee for cancellations postmarked 29-14 days before the conference (c) No monetary refunds for cancellations postmarked 14 days before the conference to the date of the conference. Refund, less a \$50 processing fee, will be provided in the form of a credit to be applied toward next year's conference. (d) Requests made for emergency or hardship situations will be referred to the Executive Board for consideration and action.

**3 EASY WAYS TO REGISTER**

- **Website:** [www.ABVE.net](http://www.ABVE.net)
- **Fax:** (831) 576-1417  
(credit card payment only)
- **Mail:**  
 ABVE Conference  
 3540 Soquel Ave., Ste A  
 Santa Cruz, CA 95062

Call ABVE Headquarters with any questions at (831) 464-4890.