



54th ANNUAL CONFERENCE
OCTOBER 30 – NOVEMBER 2, 2014 ~ PHILADELPHIA, PA
LOEWS PHILADELPHIA HOTEL, 1200 MARKET STREET, PHILADELPHIA
LOCAL PRACTITIONER CONFERENCE REGISTRATION FORM

Email as a PDF: bookkeeper@acsp.org or bring this form with you to the conference.

First Name _____ Last Name _____ Nickname for Badge _____
 Company _____
 Preferred Mailing Address _____
 City _____ State _____ Province _____
 ZIP/Postal Code _____ Country _____ Preferred Telephone # _____
 Preferred Email _____ Twitter _____
 Facebook _____ LinkedIn _____

CONFERENCE REGISTRATION FEES

ALL registration fees include continental breakfast and coffee breaks. Local Practitioner One-day fees do not include Welcome Reception and Luncheon tickets but these can be purchased a la carte.

<input type="checkbox"/> Local Planning Practitioner – One, Two or Three Day Ticket	\$95/day x # days _____ =	Total \$ _____
<input type="checkbox"/> Welcome Reception Tickets to add to student partial registration or for additional guests - \$65 each		Total \$ _____
<input type="checkbox"/> Awards Luncheon Tickets to add to student partial registration or for additional guests - \$50 each		Total \$ _____
		TOTAL \$ _____

PAYMENT

Make checks payable to ACSP, Inc.

Enclosed CHECK # _____
 VISA MasterCard # _____ - _____ - _____ - _____ * Expiration _____ / _____

Name on card _____
 Telephone for the name of the person on the card _____
 Email Address for the name of the person on the card _____

A receipt will arrive by email as soon as the card is processed.

Authorized Signature _____

OFFICE USE ONLY: PAID _____ DATE: _____