

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****

**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>	\$
Knowledge Enhancement Seminar	<input type="checkbox"/> \$120	<input type="checkbox"/> \$135	\$ _____
Concurrent Pre-Conference Sessions			
Pre-Conference #1 <input type="checkbox"/> or Pre-Conference #2 <input type="checkbox"/>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$135	\$ _____
One Day Conference <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	\$ _____
Full Conference			
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: _____			
Extra Presidents Reception Ticket	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	\$ _____
APA Continuing Education Units Requested	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$ _____
New Exam Validation Administration* (Diplomates Only)	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday	\$ _____
<i>* See description in Conference Brochure</i>			
Total			\$ _____

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
- **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.