

REGISTRATION INFORMATION

Early Registration is January 3, 2012 to February 29, 2012

Regular Registration is March 01, 2012 to March 31, 2012

Late Registration is April 1, 2012 to April 20, 2012

Refunds are subject to a \$75 processing fee. Written notification must be postmarked no later than April 15, 2012. Refunds will only be made for serious medical emergencies. All refunds will be processed after the conference.

Full conference registration includes Professional Day, all keynotes, films, workshops, hospitality, breakfasts, AAC Award Luncheon and Saturday Evening party.

Registration Rates

	Member	Member	Member	Non-Member	Non-Member	Non-Member
	Early*	Regular*	Late*	Early	Regular	Late
Professional Day	50	50	50	50	50	60
Full Conference	290	315	340	340	390	415
Senior/Student	275	300	325	325	375	400
Thursday	85	95	105	85	95	105
Friday	135	145	155	135	145	155
Thursday & Friday	200	230	250	220	250	260
Saturday	160	160	180	170	180	190

*TO RECEIVE A **MEMBER RATE**, MEMBERSHIP MUST BE PAID THROUGH APRIL 2012

Type of Membership	One Year - New/Renewal	Two Year - New / Renewal
Individual	\$50 / \$40	\$90 / \$70
Senior (62+) / Student	\$40 / \$30	\$70 / \$50
Household (2 attendees)	\$60 / \$50	\$110 / \$90
Search / Support Group	\$60 / \$50	\$110 / \$90
Organization (1-5 attendees)	\$160 / \$130	\$275 / \$250

SUPPORT GROUP PREFERENCES (check one)

None
 Triad (open to all)
 Birth Parent
 Female Adoptee
 Male Adoptee
 Adoptive Parent
 Donor Conceived
 LDA (Late Discovery Adoptee)
 Professionals

CONFERENCE REGISTRAR

Go to www.americanadoptioncongress.org to register online, or mail / fax / email completed registrations to: Roberta MacDonald, 228 Monticello Ave., Durham, NC 27707, or fax completed registrations to: 919-321-0053 (F) or email completed registrations to aacmembership@gmail.com
Questions? Contact Eileen McQuade at eileen2155@gmail.com or by phone at: 561-279-7714 (H) or 561-414-1810 (C)

REGISTRATION INFORMATION

FILLABLE REGISTRATION FORM

Name:	Organization:
Address:	City:
State/ Province:	Zip/Postal
Country:	
Day Phone:	Cell Phone:
Email:	

Relationship to Adoption: (check all that apply)

- Adoptee Birth Parent Adoptive Parent Professional
 Significant Other Donor Conceived

First Time Attendee? Y N

Registration Date: Early Regular Late

Include your name in the our directory? Y N

AAC Member? Y N

Willing to mentor a newcomer? Y N

Student/Senior: Y N (valid ID required)

Want a mentor to guide you? Y N

Roommate: M F

Roommate Preference _____ (adoptee, birthparent, etc)

Number in room:(Check one) 1 2 3 4

Dietary Restrictions: Gluten Free Vegetarian Diabetic

Other: _____

Name for Name Badge:

REGISTRATION INFORMATION

FEE CALCULATION

Professional Day \$50	\$	<input type="text"/>
Full Conference	\$	<input type="text"/>
Join or Renew AAC membership	\$	<input type="text"/>
Guest Ticket - Saturday Night Reception \$50	\$	<input type="text"/>
Guest Ticket - Film with Q&A (Per Film \$15)	\$	<input type="text"/>
Thursday Only Registration	\$	<input type="text"/>
Friday Only Registration	\$	<input type="text"/>
Thursday & Friday Registration	\$	<input type="text"/>
Saturday Registration	\$	<input type="text"/>
Exhibit Table (\$150)	\$	<input type="text"/>
AV Equipment (screen/Table & Power) \$20, projector \$25, sound projection \$ 20, DVD/CD player \$15, Flip Chart \$10	\$	<input type="text"/>
CEU's \$50.00 ea. (for 21 Credit Hours)	\$	<input type="text"/>
Donation to AAC Scholarship Fund	\$	<input type="text"/>
SUB TOTAL	\$	<input type="text"/>
Presenter's Discount (-\$50) Only one discount per presenter, max 2/workshop	\$	<input type="text"/>
Total	\$	<input type="text"/>

Please check how you are paying

Check Money Order Master Card Visa AmEX

Card Number

Expiration Date (MMYYYY)