



Association for Information Communications
Technology Professionals in Higher Education

FALL SEMINAR
OCT. 24-27, 2010
EXHIBIT DATES: OCT. 24-26
METRO DC (VIENNA, VA)

REGISTRATION DEADLINE: OCT. 18th

EXHIBITOR REGISTRATION FORM

Three easy ways to register. Check one of the following:

1. <u>Exhibit Only</u>	2. <u>Social</u>	3. <u>Full</u>						
Cost: \$0.00 Includes: • Name badge • Admission to exhibit hall Extras: Monday Night Event <i>Maggiano's Little Italy: Dinner</i> \$49.00 _____ Total Cost: _____ Payment Options: - Check One - <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Pay on-site <input type="checkbox"/> Credit Card Info Below	Cost: \$275.00 Includes: • Name badge • Admission to Ex. hall • Breakfast Mon. - Wed. • Lunch Mon. - Tues. • Coffee Breaks Mon. - Wed. • Monday Night Event Payment Options: - Check One - <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Pay On-site <input type="checkbox"/> Credit Card Info Below	Cost: <table border="1"> <tr> <td>Postmarked by 9/17</td> <td>After 9/17</td> </tr> <tr> <td>Corporate Affiliate ___\$475</td> <td>___\$525</td> </tr> <tr> <td>Non-member ___\$635</td> <td>___\$685</td> </tr> </table> Includes: • All Social registration benefits • Admission to all educational sessions • Course materials Payment Options: - Check One - <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> PO Enclosed <input type="checkbox"/> Credit Card Info Below	Postmarked by 9/17	After 9/17	Corporate Affiliate ___\$475	___\$525	Non-member ___\$635	___\$685
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Corporate Affiliate ___\$475	___\$525							
Non-member ___\$635	___\$685							

NOTE: Each exhibiting company will receive 1 Admission to Session Pass (good for admission to educational sessions only) per 8x10 space, plus access to the online handouts. The Admission to Session Pass is transferrable among your staff and will only note your company's name. It will be provided onsite.

Signature _____ Date _____

Company _____

Name _____ Title _____

Address _____

City, State Zip _____

Telephone _____ Fax _____

E-mail Address _____ First Name for Badge _____

PLEASE NOTE: No one under the age of 16 is allowed in the exhibit hall or any ACUTA seminar function at any time (this includes set-up and tear down times).

• **Charge to:** VISA MasterCard American Express Discover
 Card # _____ Exp. Date _____ *Verification # _____
 Name on Card _____ Signature _____

*Verification # is the 4-digit number on the front of AmEx cards, and the 3-digit number on the back signature line of MC & Visa cards

- **Refund Policy for Full Registrations:** (Cancellations may be mailed, faxed, or e-mailed)
Cancellations received by 10/8/10: Full refund less \$25 Administration Fee. All unpaid cancelled registrations will be assessed a \$25 Administration Fee.
Cancellations received 10/9/10-10/22/10: A credit will be issued (less \$25 Administration Fee), applicable toward registration for another ACUTA event within one year of issue.
Cancellations received after 10/22/10: No refund or credit.

• **Mail or FAX to:** 152 W. Zandale Dr., Suite 200, Lexington, KY 40503-2486
 Phone 859/278-3338 FAX 859/278-3268