

REGISTRATION

Volunteer Registration for Associates

Volunteer Name: _____

Cell Phone: _____

Email Address: _____

I agree to volunteer for one time period during the conference, assisting the conference committee and staff with conference operations. Those activities include but are not limited to the following: Tour Guide (includes admission to tour, check-in assistance to guide), Speaker Assistant (introduction, trouble shooting, session evaluations), Bookstore assistance, Member Services desk, Registration desk, etc. I also agree to attend the following Emerging Professional geared sessions (if they do not conflict with the assigned time period to volunteer: FR-C27, FR-C28 and SA-C40.

I have permission from my employer to attend the following days of the conference:

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

My preference for volunteering: (please rank your preferences 1, 2, 3)

- | | |
|---|--|
| <input type="checkbox"/> Tuesday, 8:00 -12:30pm _____ | <input type="checkbox"/> Tuesday, 12:30-5:00pm _____ |
| <input type="checkbox"/> Wednesday, 8:00 -12:30pm _____ | <input type="checkbox"/> Wednesday, 12:30-5:00pm _____ |
| <input type="checkbox"/> Thursday, 8:00 -12:30pm _____ | <input type="checkbox"/> Thursday, 12:30-5:00pm _____ |
| <input type="checkbox"/> Friday, 8:00 -12:30pm _____ | <input type="checkbox"/> Friday, 12:30-5:00pm _____ |
| <input type="checkbox"/> Saturday, 8:00 -12:30pm _____ | <input type="checkbox"/> Saturday, 12:30-5:00pm _____ |

Payment Information

Total Registration Fees \$ _____ Total Workshops \$ _____

Total Tours \$ _____ Total Events \$ _____

TOTAL ENCLOSED \$ _____

Method of Payment:

MasterCard Visa American Express Discover Check Enclosed

Address of Cardholder: _____

Card Number: _____ Expiration: _____

CVV 3 Digit Code: _____ Name as it appears on card: _____

Signature: _____