

# Oceans OF Opportunity



## 2009 ALA Annual Conference

September 13–15  
Terranea Resort  
Palos Verdes, Calif.

### FULL DELEGATE REGISTRATION

Includes: General sessions; educational seminars and materials; exhibits; Sunday evening reception; Monday breakfast and lunch; Tuesday breakfast, lunch, reception and banquet.

### SPOUSE/GUEST REGISTRATION

Includes the same benefits as the Full Delegate with the exception of education sessions. Also includes spouse/guest special event (subject to availability).

### REFUND POLICY

Refunds will only be granted only upon written request as follows:

- If received by August 1 — less \$50 processing fee (per person)
- If received after August 1 — less \$100 cancellation fee (per person)

For more information, please call the ALA at 800-605-4448.



## CONFERENCE REGISTRATION

Please complete one form for each delegate.

Delegate \_\_\_\_\_  
(Last Name) (First Name)

First Name for Badge \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Guest \_\_\_\_\_  
(Last Name) (First Name)

	Payment by 6/30/09	Payment after 6/30/09	Persons	Total \$
Full Delegate Registration	\$725	\$750	1	
Spouse/Guest Registration	\$375	\$395		
Sunday CLC Class Package (Kitchen/Bath a.m., Recessed/Track p.m.)	\$159	\$169		
Individual Sunday CLC Class Circle One: Kitchen/Bath Recessed/Track	\$90	\$100		
9-hole Golf Tournament (Sunday, Includes Lunch)	\$99	\$115		
Spouse/Guest Event (Monday)	No charge. Limited to first 40 registered participants.			—
5K Fun Run (Tuesday morning)	\$15	\$18		
<b>TOTAL</b>				

### Golf Tournament

Name \_\_\_\_\_  
Pairing Preference \_\_\_\_\_

Name \_\_\_\_\_  
Pairing Preference \_\_\_\_\_

### 5K Fun Run

Name \_\_\_\_\_ Name \_\_\_\_\_

### Spouse/Guest Event

Name \_\_\_\_\_ Name \_\_\_\_\_

### APPLICABLE DISCOUNTS

**New Member:**

Companies joining ALA after September 1, 2008, are eligible for a **one-time, one delegate fee of \$360.**

**First Time Attendee:**

Companies that have never sent a delegate before are eligible for a **one-time, one delegate fee of \$525.**

### PAYMENT

VISA  Mastercard  American Express  Check Enclosed Check No. \_\_\_\_\_  Invoice me

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### Mail or fax this completed form to:

ALA • P.O. Box 420288 • Dallas, TX 75342-0288 • Fax: 214-698-9899