

2010 ALA ANNUAL CONFERENCE

September 20-22
Encore Las Vegas



www.ALAConference.com

FULL DELEGATE REGISTRATION

Includes: General sessions; educational seminars and materials; exhibits; Monday reception; Wednesday reception and banquet; and additional scheduled meals.

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).

PLEASE NOTE:

HOTEL RESERVATIONS

To obtain the ALA group rate of \$179/night, ALA members must make their Encore hotel reservations for Conference online at <https://resweb.passkey.com/go/ALAatEncore>.

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)

No refunds will be granted after September 1. For more information, please call the ALA at 800-605-4448.



CONFERENCE REGISTRATION

Please complete one form for each delegate.

MAN/ASSOC

Delegate _____ (Last Name) _____ (First Name)

First Name for Badge _____

Company _____

Phone _____ Ext. _____

Email _____

Spouse/Guest _____ (Last Name) _____ (First Name)
(If attending)

	Payment by 6/30/10	Payment after 6/30/10	Persons	Total \$
Full Delegate	\$750	\$799	1	
Spouse/Guest	\$375	\$395		
CLC Class (Monday All Day)	\$159	\$169		
Golf Tournament (Monday afternoon)	\$185	\$195		
Spouse/Guest Event (Tuesday)	No charge. Limited to first 35 registered			—

TOTAL DUE

Golf Tournament

Name _____ Pairing Preference _____

Name _____ Pairing Preference _____

Spouse/Guest Event

Name _____ Name _____

APPLICABLE DISCOUNTS

New Member:

Manufacturers joining the ALA after September 1, 2009, qualify for a **fee of \$375 for one delegate.**

First Time Attendee:

Manufacturers joining before Sept. 1, 2009, that have never attended qualify for a **fee of \$525 for one delegate.**

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