

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.

SHRM-REP-DSNR

Delegate _____ (Last Name) _____ (First Name)

First Name for Badge _____

Company _____

Phone _____ Ext. _____

Email _____

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

	Payment by 6/30/10	Payment after 6/30/10	Persons	Total \$
Full Delegate Special Rate*	\$375	\$399	1	
Full Delegate	\$750	\$799		
Spouse/Guest	\$375	\$395		
Monday CLC Class Package <small>Low-Voltage Basics a.m., Low-Voltage Application p.m.</small>	\$159	\$169		
Individual Monday CLC Class <small>Circle One: Low-Voltage Basics Low-Voltage Apps</small>	\$90	\$100		
Golf Tournament <small>(Monday afternoon)</small>	\$185	\$195		
Spouse/Guest Event <small>(Tuesday)</small>	No charge. Limited to first 35 registered			—
*Special rate requires a three night stay at the Encore.			TOTAL DUE	

Golf Tournament

Name _____ Pairing Preference _____

Name _____ Pairing Preference _____

Spouse/Guest Event

Name _____ Name _____

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