

registration

Registrant's Contact Info (for confirmation and conference updates only)

Preferred Mailing Address: Home Office

AAFCs MEMBER NUMBER (IF APPLICABLE)

FULL NAME

COMPANY OR ORGANIZATION (IF APPLICABLE)

STREET ADDRESS

CITY

STATE

ZIP

OFFICE PHONE

HOME PHONE

FAX NUMBER

EMAIL

Full AAFCS Member Registration (except Student)

	By April 1	By May 15	On-site
<input type="checkbox"/> AAFCS Member	\$365*	\$475*	\$585

*Includes one Centennial Pacesetter Dinner ticket.

Full Nonmember and AAFCS Student Member Registration

	By April 1	By May 15	On-site
<input type="checkbox"/> AAFCS Student Member	\$99	\$140	\$160
<input type="checkbox"/> Nonmember	\$449	\$559	\$659

Other Types of Registration

<input type="checkbox"/> Full First-Time 50-Year Member (complimentary)*			
<input type="checkbox"/> Full Complimentary (attach copy of certificate)*			
<input type="checkbox"/> Thursday Only	\$219	<input type="checkbox"/> Friday Only	\$219
<input type="checkbox"/> Saturday Only	\$219	<input type="checkbox"/> Expo Only	\$75
<input type="checkbox"/> Family (nonmembers)	\$75		

*Includes one Centennial Pacesetter Dinner ticket.

Special Attendee Categories (check all that apply)

First-Time Attendee International Guest New Member Since 6/02/07

Dietary Concerns/Special Needs *We will do our best to accommodate your requests.*

Registrant _____

Family Member (if applicable) _____

Registrant's Badge Information

FIRST NAME/NICKNAME (WILL BE LARGER AND ON SEPARATE LINE)

FULL NAME

COMPANY OR ORGANIZATION (IF APPLICABLE)

CITY AND STATE

Family Member's Information

(if applicable)

FIRST NAME/NICKNAME (FOR BADGE ONLY)

FULL NAME

**REGISTER
ONLINE AT
WWW.AAFCS.ORG**

Registration Policy

- Registrations postmarked or faxed after April 1, 2008, will be assessed the May 15th rate.
- Registrations postmarked or faxed after May 15, 2008, will be assessed the on-site rate.
- All payments returned for insufficient funds will be assessed a fee of \$25.
- **Registrations are nontransferable.**

Refund Policy

- Refund requests must be made in writing by May 30, 2008, by mail or fax: AAFCS, 400 N. Columbus St., Ste. 202, Alexandria, VA 22314 or 703-706-4663.
- No refund request postmarked or faxed after May 30, 2008, will be considered.
- Approved refunds will be processed following the Annual Conference.
- **A service charge of 20% of your registration rate will be assessed for refund requests postmarked or faxed through April 1, 2008. A service charge of 30% of your registration rate will be assessed for refund requests postmarked or faxed from April 2 through May 30, 2008.**

ticketed events

PLEASE PURCHASE YOUR MEAL TICKETS BY MAY 30, 2008.

Meal tickets will not be sold, exchanged, or refunded on-site. AAFCS must guarantee meal reservations prior to the opening of the conference. You do not have to be a member of the group hosting the luncheon to attend. Please check to be sure that you have not registered for concurrent ticketed events.

Ticketed Event	Time	Cost	Tickets #	Total \$
Thursday, June 19, 2008				
Community of Family Relations & Human Development Luncheon and Awards Ceremony	12:00noon - 1:30pm	\$30	_____	_____
Community of Nutrition, Health & Food Management Luncheon	12:00noon - 1:30pm	\$30	_____	_____
FCSEA and Teacher Education Joint Celebration of Excellence and Awards Luncheon	12:00noon - 1:30pm	\$30	_____	_____
National Coalition for Black Development in Family & Consumer Sciences Banquet	7:30pm - 9:30pm	\$55	_____	_____
Saturday, June 21, 2008				
Community of Colleges, Universities & Research Learning and Networking Breakfast	7:30am - 8:30am	\$20	_____	_____
Community of Business and Entrepreneurship Luncheon	12:00noon - 1:30pm	\$30	_____	_____
Community of ESAE Teacher of the Year Award Luncheon	12:00noon - 1:30pm	\$30	_____	_____
Kappa Omicron Nu and Phi Upsilon Omicron Luncheon	12:00noon - 1:30pm	\$30	_____	_____

Centennial Pacesetter Dinner

Mark "1" ticket for Full AAFCS Member (except Student, must be registered by May 15) or Complimentary Registrant	6:30pm - 9:00pm	\$0	_____	_____
Ticket(s) for Full AAFCS Member(s) (except Student) Registered After May 15 or Nonmember(s)	6:30pm - 9:00pm	\$55	_____	_____
Ticket(s) for Student Registrant(s)	6:30pm - 9:00pm	\$55	_____	_____
Donate Ticket(s) for Student Registrant(s)	6:30pm - 9:00pm	\$55	_____	_____

Payment Information

In order to begin processing your registration, payment or an original purchase order must be received with your registration form.

Registration Fee Subtotal \$ _____ Ticketed Events Subtotal \$ _____ GRAND TOTAL \$ _____

Payment Type

Check or money order (payable to AAFCS in U.S. dollars) Visa MasterCard Purchase Order # _____

CARD NUMBER

EXP. DATE

CARDHOLDER NAME

CARDHOLDER SIGNATURE

Mail or fax to: AAFCS 99th Annual Conference & Expo, P.O. Box 79377, Baltimore, MD 21279-0377, FAX 703-706-4663