



2008 PACD/SCC Joint Annual Conference
Penn Stater Conference Center Hotel, State College, PA
July 27-30, 2008

REGISTRATION FORM

**For Conservation District Managers, Directors, Associate Directors
 & Representatives from Other Agencies and Organizations**

Please complete a separate form for each person. No phone reservations.

Registration Deadline

PRE-REGISTRATION DEADLINE: The final deadline for pre-registrations is **July 21, 2008**. Anyone wishing to register after July 21, 2008 must register on-site at the conference. Meal availability cannot be guaranteed for on-site registrations.

Registrant Information

TRAINING TRACK (CHOOSE ONE): Manager Director/Associate No Training (PACD/SCC Activities Only)

NEW DIRECTOR ORIENTATION: Please check here if you are planning to attend. (Sunday, 7/27/08 from 6:30 to 8:30 pm)

Registrant Name: _____

Title: _____

Conservation District/Other Org: _____

Phone: _____ E-mail: _____

Special Needs/Dietary Restrictions: _____

Registration

Please select one of the three registration options. There is no registration fee for Wednesday (PACD Executive Council).

Full Meeting Registration

Includes: meetings; all-day break; Monday Luncheon and Banquet; Tuesday Breakfast, Awards Luncheon, and Banquet; and Hospitality Receptions.

MONDAY-TUESDAY	Full Meeting Package	\$235.00	\$ _____
July 28-30, 2008			_____
		BALANCE DUE	\$ _____

Daily Registration

Monday: Includes meetings; all-day break, Luncheon, and Hospitality Reception.

Tuesday: Includes meetings, all-day break, Breakfast, Awards Luncheon, and Hospitality Reception.

MONDAY, JULY 28	Daily Meeting Package	\$80.00	\$ _____
	Banquet	\$30.00	_____
TUESDAY, JULY 29	Daily Meeting Package	\$95.00	\$ _____
	Banquet.....	\$30.00	_____
		BALANCE DUE	\$ _____

Awards Luncheon Only

Does not include admittance to all-day breaks, PACD sessions, or Hospitality Receptions.

TUESDAY, JULY 19	PACD/SCC Awards Luncheon	_____ x	\$17.00	= \$ _____
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Payment Information

Payment Method: (Please select one.)

Visa MasterCard Check (Check Number: _____)

For Visa and MasterCard Payments: (We must have the following to process your order.)

Cardholder name and billing address must be entered exactly as they appear on the credit card statement.

Cardholder Name

Billing Address

City

State

Zip

Card Number

Expiration Date

Cardholder Signature

PACD Silent Auction

If you would like to donate an item to the PACD Silent Auction, please provide a brief description and the estimated value of the item below.

Item Description: _____

Estimated Value: _____

To Submit Your Registration...

Please return this form **no later than July 21, 2008** to:

PACD
25 North Front Street ♦ Harrisburg, PA 17101
Fax: (717) 238-7201

QUESTIONS? Call PACD at (717) 238-7223

Refund Policy

Cancellations must be received by the PACD office no later than **July 21, 2008**. Full payment for all registered meals and activities is expected for any cancellations received after **July 21, 2008**.