

2008 PACD Winter Meeting Registration Form

NO PHONE RESERVATIONS

IMPORTANT NOTES (Please Read Carefully)

- The Early Registration Fee (\$30.00) applies to all registrations postmarked/received at the PACD office on/before January 2, 2008.
- The Late Registration Fee (\$45.00) applies to all registrations postmarked/received at the PACD office after January 2, 2008.
- The pre-registration cut off is January 10, 2008. *Registrations will not be accepted at the PACD office after January 10, 2008. NO EXCEPTIONS.* On-site registrations will be available on a first-come-first-served basis. Meal availability cannot be guaranteed for on-site reservations.

MEAL AND REGISTRATION CANCELLATION POLICY (Please Read Carefully)

The PACD Winter Meeting will be held regardless of weather conditions. Inclement weather will not result in a refund. Cancellations must be received at the PACD office by *January 10, 2008*. Full payment for registration fee and all registered meals will be expected for any cancellations received after *January 10, 2008*.

REGISTRANT INFORMATION (One Regular Registrant and One Auxiliary Registrant)

Registrant Name: _____

Aux. Registrant Name: _____

Organization: _____

Address: _____

Phone: _____

E-mail: _____

Please check if this is your first time attending a statewide PACD meeting.

SPECIAL NEEDS/DIETARY RESTRICTIONS

Please indicate any special needs or dietary restrictions on the lines below.

REGISTRATION FEE AND MEALS

See **Important Notes** for more information on registration fees. Auxiliary registrants are not charged a registration fee (only meal charges apply).

Registration Fee (Early or Late)

Early Registration Fee \$30.00 x _____ = _____
(on/before 01/02/08)

Late Registration Fee \$45.00 x _____ = _____
(after 01/02/08)

Wednesday, January 16

Luncheon \$16.00 x _____ = _____

Banquet \$20.00 x _____ = _____

Thursday, January 17

New Director Orientation No charge x _____ = N/A

Luncheon \$16.00 x _____ = _____

Auxiliary Luncheon Pay on your own x _____ = N/A

Banquet \$24.00 x _____ = _____

TOTAL DUE \$ _____

PAYMENT INFORMATION

Payment Method: Visa MasterCard Check (Check #: _____)

For Credit Card Payments (We must have this information 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#: _____ Expiration: _____

Cardholder Signature: _____

TO SUBMIT YOUR REGISTRATION please mail or fax this form to:

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

QUESTIONS? Call PACD at (717) 238-7223