



22nd ANNUAL CONFERENCE

Sunday and Monday, April 11 and 12, 2010

InterContinental Harbor Court Baltimore
Baltimore, MD

Registration Form

Full name: _____ Title: _____

Company: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

Non-attending guest's full name: _____

Registration includes: All conferences, continental breakfasts, refreshment breaks, lunches, and reception. Guest fee for breakfasts, lunches and reception – see below.

Two Day Registration

	Registration fees	Payment
<input type="checkbox"/> AFROC member	\$475	\$ _____
<input type="checkbox"/> Additional AFROC members*	\$450	\$ _____
<input type="checkbox"/> Non-Member	\$550	\$ _____
<input type="checkbox"/> Guest	\$175	\$ _____

One Day Registration

<input type="checkbox"/> AFROC member	\$300	\$ _____
<input type="checkbox"/> Additional AFROC members*	\$275	\$ _____
<input type="checkbox"/> Non-Member	\$325	\$ _____

Any member organization paying a \$475 registration fee will be granted a \$50 reduction in registration fees per additional attendee. Please return forms for multiple attendees together.

Payment Information

Total _____

Enclosed is check # _____ (Payable to AFROC)

VISA MasterCard Card #: _____ Exp date: _____

Name as it appears on card: _____

Authorized signature: _____