

# AASA 2010 Legislative Advocacy Conference

September 22-24, 2010  
Ritz-Carlton Pentagon City  
Arlington, Virginia

Register on the web at [www.aasa.org](http://www.aasa.org) or fax this form to AASA at 703-841-1543.

Registration Information:	Registration Rates
<p>AASA ID Number _____</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p> <p>Name for Badge (First) _____</p> <p>Position _____</p> <p>School District or Institution _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Fax _____</p> <p>E-mail Address _____</p>	<p><input type="checkbox"/> AASA Member \$499.00 = _____</p> <p><input type="checkbox"/> Nonmember \$699.00 = _____</p>
<p><b>Accommodations:</b> Ritz-Carlton Pentagon City 1250 S. Hayes Street, Arlington, Va. 22203</p> <p><b>Group Rate:</b> \$219 Single/Double Occupancy</p> <p><b>Reservation Phone Number:</b> (703) 415-5000 <i>Be sure to mention "AASA or American Association of School Administrators" to receive the AASA discounted rate.</i></p> <p><b>AASA Cancellation Policy:</b> All registration cancellations must be received in writing no later than Sept. 10, 2010 for a refund. Refunds are not granted for failure to attend, late arrival, unattended events or early departure. AASA is not responsible for weather related cancelations, airfare, hotel or other costs incurred by attendee that are associated with conference. A \$75 processing fee applies to all cancellations.</p>	<p><b>Payment Information:</b></p> <p><input type="checkbox"/> Add \$25 PO processing fee if applicable = _____ * PO fees will not be refunded for cancellations.</p> <p>PO # _____ enclosed.</p> <p style="text-align: right;"><b>Total =</b> _____</p> <p><b>Charge above total to:</b></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Credit Card # _____</p> <p>Exp. Date _____</p> <p>Name on Credit Card _____</p> <p>Cardholder's Signature: _____</p> <p><b>AASA Address:</b> 801 N. Quincy St. Suite700, Arlington, VA 22203 Phone: (703) 875-0765, Email: <a href="mailto:jsmat@aasa.org">jsmat@aasa.org</a></p> <p><b>Meeting Cancellation Policy:</b> AASA reserves the right to cancel the meeting at any time due to low enrollment. Should AASA be required to cancel this event, AASA will inform all registrants in writing and will reimburse registration fees within 60 days. NOTE: AASA will not be responsible for refunds of travel costs incurred.</p> <p><b>AASA INTERNAL USE ONLY: Meeting Code AASA17</b></p>