

5th Annual Conference Registration Form (Please print or type)

If you have paid ACENA dues of \$100 within the past 12 months, you are eligible for Member Rates:

| Category | Days | Amount | Total Submitted |
|---|-------------|---------------|------------------------|
| <input type="checkbox"/> Current ACENA Member | 2 days | \$250 | _____ |
| <input type="checkbox"/> Current ACENA Member | 1 day | \$150 | _____ |

If you have not paid ACENA dues within the past 12 months, remit the following amount, and \$100 of the fee will go toward your membership:

| | | | |
|---|--------|-------|-------|
| <input type="checkbox"/> Current Non-member | 2 days | \$350 | _____ |
| <input type="checkbox"/> Current Non-member | 1 day | \$200 | _____ |
| Total Submitted | | | _____ |

Name _____

Address _____

City, ST Zip Code _____

E-mail Address _____

Telephone _____

Method of Payment

Check Visa MasterCard

Credit Card # _____ **Exp. Date** _____

Signature _____ **3 Digit Code** _____

Mail to: ACENA /Center for Independence: 100 Plainfield Road, Suite 100, Countryside, IL 60525

Telephone: 708.588.0833 Fax: 708.588.0406