



# PACD/SCC Winter Meeting

## Registration Form

January 23-24, 2013

NO PHONE RESERVATIONS

### IMPORTANT NOTES (Please Read Carefully)

- The Early Bird Registration Fee (\$30.00) applies to all registrations postmarked or received at the PACD office on/before January 9, 2013.
- The Regular Registration Fee (\$45.00) applies to all registrations postmarked or received at the PACD office after January 9, 2013.
- The pre-registration cut off is January 17, 2013. *Registrations will not be accepted at the PACD office after January 17, 2013. NO EXCEPTIONS.* On-site registrations will be available on a first-come-first-served basis. Meal availability cannot be guaranteed for on-site reservations.

### 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 17, 2013*. Full payment for registration fee and all registered meals will be expected for any cancellations received after *January 17, 2013*.

### REGISTRANT INFORMATION (One Regular or One Auxiliary Registrant)

Registrant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SPECIAL NEEDS/DIETARY RESTRICTIONS

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

\_\_\_\_\_

### REGISTRATION FEE AND MEALS

See 'Important Notes' on left for more information on registration fees. There is no registration fee for Auxiliary registrants (only meal charges apply).

#### Registration Fee (Early or Late)

Early Bird Registration Fee ..... \$30.00 x \_\_\_\_\_ = \_\_\_\_\_

Regular Registration Fee ..... \$45.00 x \_\_\_\_\_ = \_\_\_\_\_

#### Wednesday, January 23

New Director Orientation ..... No Charge x \_\_\_\_\_ = \_\_\_\_\_

Luncheon ..... \$16.00 x \_\_\_\_\_ = \_\_\_\_\_

Banquet ..... \$24.00 x \_\_\_\_\_ = \_\_\_\_\_

#### Thursday, January 24

District Managers Breakfast ..... \$12.00 x \_\_\_\_\_ = \_\_\_\_\_

District Directors Breakfast ..... \$12.00 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: \_\_\_\_\_

3-Digit CVV: \_\_\_\_\_ Cardholder Sig: \_\_\_\_\_

**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