



FRIDAY 28 APRIL 2017 // 8:30 AM - 5:00 PM // HILTON ATLANTA

CONTACT INFORMATION

ARE YOU NEW TO ACRM? YES NO

IF YES, PLEASE COMPLETE THIS FORM FOR YOUR FREE 6-MONTH ACRM MEMBERSHIP: ACRM.ORG/FORM

DR. MR. MRS. MS. MISS

> _____
FIRST NAME | LAST NAME | CREDENTIALS

> _____
SPECIALIZATIONS

> _____ | _____
FACILITY / ORGANIZATION | TITLE / WORK FUNCTION

> _____ | _____
MAILING ADDRESS LINE 1 | MAILING ADDRESS LINE 2

> _____ | _____ | _____ | _____
CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY

> _____ | _____
EMAIL ADDRESS | MOBILE PHONE

> _____
WORK PHONE

> _____
EMERGENCY CONTACT

> _____
EMERGENCY PHONE

SPECIAL NEEDS

ADA / Accessibility Needs: _____

PAYMENT

\$ _____ TOTAL AMOUNT in USD

- Check/Money Order (US Funds Only) Check # _____ payable to: ACRM
- Credit Card (fill out information below) MasterCard Visa
 American Express Discover
- Credit Card #: _____
- Expiration Date: _____ Security Code: _____
- Print name as it appears on card: _____
- Cardholder's Signature: _____
- Email: _____

(for payment confirmation)

CANCELLATION POLICY

- > Registration cancellation and/or changes must be submitted to memberservices@ACRM.org before 30 days in advance of event.
- > No cancellations will be accepted by phone.
- > Substitutions must be received and approved before 30 days in advance of event, and the individual attending will be charged \$159 USD.
- > All cancellations and substitutions will be charged a fee of \$159 USD or 50 percent of registration paid, whichever is greater.

PLEASE CHECK I have read the Cancellation Policy

PLEASE NOTE To receive the Member Rate, one must be an active ACRM Member (not a Special Interest or Networking Group member only) at time of registration. If a credit card is declined, you will be notified and asked for an alternative payment method.

BILLING ADDRESS

Must match credit card address.
 Check if same as mailing address above.

Address 1 _____

Address 2 _____

City _____

State / Province _____

Zip / Postal Code _____

Country _____

INCLUDES: One day of live instruction, CME/CEU credits. Costs are USD.

	BEFORE 28 APRIL	ON-SITE
MEMBER	159	259
NON-MEMBER	199	299

NON-MEMBER: Includes a bonus 6-month introductory ACRM membership with access to all interdisciplinary special interest groups and networking groups, and discounted member rates on ACRM products and events.

QUESTIONS about REGISTRATION STATUS?

Contact: MemberServices@ACRM.org or call +1.703.574.5845

SUBMIT THIS FORM: EMAIL to: MemberServices@ACRM.org OR FAX to: +1.866.692.1619 OR MAIL to: ACRM c/o YPTC
1500 Walnut Street, Suite 1200, Philadelphia, PA 19102 **IMPORTANT CHECKS ONLY MAIL TO:** ACRM PO Box 759272, Baltimore, MD 21275-9272