



Please Print

Name (as you wish it to appear on your name badge) _____
 Organization Name _____ Position _____
 Mailing Address _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Email (required) _____ Phone (_____) _____

I will attend: (please select one option below)

Pittsburgh, PA

- Pre-Institute (additional fee, see below) Sept. 22-23, 2008
- Professional Development Institute Sept. 23-25, 2008
- Both Sept. 22-26, 2008

Cancellations and Refunds: Cancellations and requests for refunds must be received in writing two weeks before the first day of the Pre-Institute that you have selected. A service fee of \$100 will be withheld from a member registration, and a fee of \$150 will be withheld from a non-member registration. Persons who do not attend the Regional Institute they chose, for any reason, or who cancel after two weeks before the first day of the Pre-Institute, are responsible for the entire registration fee. Refunds will be made 30 days after the conclusion of the Institute.

Registration Fees and Payment

I am currently a NACCRRA Member: No Yes I.D. Number _____ Quality Assured: No Yes In Process

Not a member? To take advantage of member discount rates, join at <http://www.naccrra.org/membership/>

	Member	Non-Member	Payment Information
Pre-Institute	<input type="radio"/> \$100	<input type="radio"/> \$150	Send the completed registration form, with a valid credit card number, pre-printed check, money order, or government purchase order (sorry, no cash accepted). Your e-mail address is required to complete your registration. You will receive a confirmation at this e-mail address within two weeks of registering. Mail To: NACCRRA 2008 Professional Development Attn: Institutes Registration 3101 Wilson Boulevard, Suite 350 Arlington, VA 22201 DO NOT mail or fax your registration after the regular registration cut-off dates (9/12/08). You must register on-site after these dates.
Early Bird Registration* ends 8/22/08	<input type="radio"/> \$300	<input type="radio"/> \$400	
Regular Registration* ends 9/12/08	<input type="radio"/> \$400	<input type="radio"/> \$500	
On-Site*	<input type="radio"/> \$450	<input type="radio"/> \$550	
Total			



- *Registration Fee Includes:**
- Professional Development Institute
 - Selected Meals and Breaks

Dietary Needs:

- Vegetarian Gluten-Free Other (specify) _____

Method of Payment (make checks payable to NACCRRA)

Check Enclosed: Check # _____ Purchase Order Enclosed: P.O. # _____
 Credit Card (check one): AMEX Visa Mastercard Discover
 Account Number _____ Expiration Date ____/____
 Card Holder's Name (Please Print) _____
 Card Holder's Signature _____
 Billing Address _____
 City _____ State/Province _____ ZIP/Postal Code _____