



**2012 ESPA (formerly ACOM) Annual Conference
Organization Registration Form
January 6-8, 2012 · San Diego, California
Advanced Registration Cutoff Date: November 4, 2011**

PLEASE FAX YOUR COMPLETED FORMS TO: 609-799-7032. IF YOU HAVE QUESTIONS REGARDING YOUR REGISTRATION, PLEASE CONTACT US AT 609-799-3712.

****Please note, you may only register as an Organization, if you hold an Organization Level Membership with ESPA.****

FIRST ATTENDEE (PRIMARY CONTACT) INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

COMPANY NAME: _____

TITLE: _____ DESIGNATION: _____

STREET ADDRESS (for mailing convention credentials): _____

CITY: _____

STATE: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

DAY PHONE: () _____ FAX: () _____

E-MAIL: _____

Check if this is your 1st ESPA CONFERENCE: AND/OR Check if you are a NEW MEMBER:

I represent a: Hotel CVB Convention Center Planner Industry Supplier Other

I have been in the meetings industry: 1-5 years 6-14 years 15+ years

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) Baby Boomer (1946-1964) Gen X (1965-1980) Gen Y (1981-2000)

SECOND ATTENDEE INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

DAY PHONE: () _____ FAX: () _____

E-MAIL: _____

Check if this is your 1st ESPA CONFERENCE: AND/OR Check if you are a NEW MEMBER:

I represent a: Hotel CVB Convention Center Planner Industry Supplier Other

I have been in the meetings industry: 1-5 years 6-14 years 15+ years

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) Baby Boomer (1946-1964) Gen X (1965-1980) Gen Y (1981-2000)

THIRD ATTENDEE INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

DAY PHONE: () _____ FAX: () _____

E-MAIL: _____

Check if this is your 1st ESPA CONFERENCE: AND/OR Check if you are a NEW MEMBER:

I represent a: Hotel CVB Convention Center Planner Industry Supplier Other

I have been in the meetings industry: 1-5 years 6-14 years 15+ years

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) Baby Boomer (1946-1964) Gen X (1965-1980) Gen Y (1981-2000)

FOURTH ATTENDEE INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

DAY PHONE: () _____ FAX: () _____

E-MAIL: _____

Check if this is your 1st ESPA CONFERENCE: AND/OR Check if you are a NEW MEMBER:

I represent a: Hotel CVB Convention Center Planner Industry Supplier Other

I have been in the meetings industry: 1-5 years 6-14 years 15+ years

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) Baby Boomer (1946-1964) Gen X (1965-1980) Gen Y (1981-2000)

FIFTH ATTENDEE INFORMATION

NAME (First, Last): _____ BADGE NAME: (if different): _____

TITLE: _____ DESIGNATION: _____

DAY PHONE: () _____ FAX: () _____

E-MAIL: _____

Check if this is your 1st ESPA CONFERENCE: AND/OR Check if you are a NEW MEMBER:

I represent a: Hotel CVB Convention Center Planner Industry Supplier Other

I have been in the meetings industry: 1-5 years 6-14 years 15+ years

To help us with our demographics, which generation do you fall within?

Traditionalist (1922-1945) Baby Boomer (1946-1964) Gen X (1965-1980) Gen Y (1981-2000)

****Once your registration is processed, you will receive an email confirmation. At that time, you may log-in to the "My ESPA Portal" and go to "My Events," you can add any optional excursions, Day of PCMA as well as sign up for all sessions that you will be attending. By adding these sessions, you will receive Continuing Education Credit Hours for attending the Conference.****

CONFERENCE FEES**Registration Policies**

Additional excursions and Day of PCMA are non-refundable.

Cancellations received by November 11, 2011 are eligible for a 50% refund on the ESPA Registration fee only.

Please sign below and fax this form to 609-799-7032. By signing this form, you authorize ESPA to charge your credit card for the registration fees. If paying by check, please mail form and payment to: ESPA, 191 Clarksville Rd, Princeton Jct, NJ 08550.

Please check choice of payment. Payment is required for your registration to be processed.

 VISA MasterCard Check Am. Express Discover

CREDIT CARD#: _____

EXP DATE: _____

CARDHOLDER NAME: _____

SIGNATURE: _____

By signing, I agree to the cancellation policy above.

All fees are listed in US Dollars.**Advanced
Registration**
(Postmarked by
11/4/11)**Regular**

(after 11/4/11)

 Organization Member for 3 people

\$1740

\$2100

 Organization Member for 4 people

\$2240

\$2700

 Organization Member for 5 people

\$2700

\$3250

TOTAL**\$ _____******Optional Excursions and Day of PCMA are available and require a separate registration fee.******SPECIAL NEEDS** Check here if you have special meal needs or if you require special assistance to participate fully in the conference.

Specify need: _____