

AHEAD TRiO TRAINING INSTITUTE REGISTRATION

2012 TRiO Training Institute • The Sheraton Phoenix Downtown • February 2 - 4, 2012

Please complete this registration form and return with payment via mail or FAX to:

AHEAD TRiO Registration
107 Commerce Center Drive, Suite 204
Huntersville, NC 28078 USA
FAX: 704-948-7779

Part 1 - Registrant Information:

First Name: _____

Last Name: _____

Institution: _____

Department: _____

Street Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Telephone: (_____) _____

FAX: (_____) _____

E-mail: _____

My TRiO Program Type (i.e., SSS, Upward Bound, etc.)

Job Title: _____

Part 2 - Registration Information (check one):

_____ I will attend and pay the EARLY BIRD rate of \$289 (for registrations received on or before December 20, 2011)

_____ I will attend and pay the REGULAR rate of \$359 (for registrations received after December 20, 2011)

Registration includes all materials, continental breakfasts, and refreshment breaks. Travel expenses, hotel accommodations, and additional meals are not included in the registration fee. Refunds can only be provided for cancellations received in writing before December 20, 2011. A \$75.00 administrative fee will be charged for all cancellations. We regret that no refunds can be issued after December 20, 2011 for any reason.

Part 3 - Programmatic Accommodation Information:

_____ Please check here if you will require any disability-related programmatic accommodations for the institute. A member of the AHEAD conference staff will contact you directly to make necessary arrangements. **The deadline for notifying AHEAD of accessibility requirements is Wednesday, January 11, 2012.**

Part 4 - Payment Information:

Amount Due: \$ _____

Form of Payment Enclosed (check one and provide appropriate information applicable to your form of payment):

_____ Check payable to AHEAD (FEIN# 34-1265325)

Check #: _____

_____ Purchase Order for AHEAD (FEIN# 34-1265325)

Purchase Order #: _____

_____ MasterCard/VISA/American Express/Discover

Account Number (16 digits):

Exp. Date: ____/____

Three digit security code: _____

Billing Address for this Credit Card Account:

Cardholder's Name (as it appears on card):

Daytime Telephone Number of Cardholder:

Cardholder's Signature:

**Remember, register by
December 20, 2011 for the very best value!
Questions? Call Jane Johnston at AHEAD at
704-947-7779 or contact via email: Jane@ahead.org**