

AHEAD Management Institutes Registration Form

February 2 - 4, 2012 • The Sheraton Phoenix Downtown • Phoenix, Arizona, USA

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

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

Part 1 - Registrant Information:

First Name: _____

Last Name: _____

Job Title: _____

Institution: _____

Department: _____

Street Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Telephone: _____

FAX: _____

E-mail: _____

Part 2 - Registration Information (check one):

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

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

I will attend and pay the **NON-MEMBER EARLY BIRD** rate of \$389 (for registrations received on or before December 20, 2011)

I will attend and pay the **NON-MEMBER REGULAR** rate of \$459 (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 - Program Selection

In addition to the Saturday morning plenary program, I am going to attend the following two-day session (select one)

Institute #1: The Institute for New and Newer Disability Resource/ Services Managers

Institute #2: Advanced Topics in DS Management

Institute #3: Cutting-Edge Curricular Accessibility: Multi-Media Instruction and STEM programs

Part 4 - 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 5 - 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