



**54<sup>th</sup> ANNUAL CONFERENCE**  
**OCTOBER 30 – NOVEMBER 2, 2014 ~ PHILADELPHIA, PA**  
**LOEWS PHILADELPHIA HOTEL, 1200 MARKET STREET, PHILADELPHIA**  
**LOCAL PRACTITIONER CONFERENCE REGISTRATION FORM**

Email as a PDF: [bookkeeper@acsp.org](mailto:bookkeeper@acsp.org) or bring this form with you to the conference.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname for Badge \_\_\_\_\_  
 Company \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Province \_\_\_\_\_  
 ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Preferred Telephone # \_\_\_\_\_  
 Preferred Email \_\_\_\_\_ Twitter \_\_\_\_\_  
 Facebook \_\_\_\_\_ LinkedIn \_\_\_\_\_

**CONFERENCE REGISTRATION FEES**

ALL registration fees include continental breakfast and coffee breaks. Local Practitioner One-day fees do not include Welcome Reception and Luncheon tickets but these can be purchased a la carte.

<input type="checkbox"/> Local Planning Practitioner – One, Two or Three Day Ticket	<b>\$95/day</b> x # days _____ =	Total \$ _____
<input type="checkbox"/> Welcome Reception Tickets to add to student partial registration or for additional guests - \$65 each		Total \$ _____
<input type="checkbox"/> Awards Luncheon Tickets to add to student partial registration or for additional guests - \$50 each		Total \$ _____
		<b>TOTAL \$ _____</b>

**PAYMENT**

Make checks payable to ACSP, Inc.

Enclosed CHECK # \_\_\_\_\_  
 VISA  MasterCard # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Expiration \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_  
 Telephone for the name of the person on the card \_\_\_\_\_  
 Email Address for the name of the person on the card \_\_\_\_\_

*A receipt will arrive by email as soon as the card is processed.*

Authorized Signature \_\_\_\_\_

**OFFICE USE ONLY: PAID \_\_\_\_\_ DATE: \_\_\_\_\_**