

# AREMA 2009 Annual Conference & Exposition

## Registration Form

September 20-23, 2009 | Chicago, IL

**MAIL:** AREMA Conference Registration  
10003 Derekwood Lane, Suite 210  
Lanham, MD 20706 USA

**WEB:** [www.arena.org](http://www.arena.org)  
(Visa, MasterCard or AMEX payments only)

**FAX:** +1.301.459.8077  
(Visa, MasterCard, AMEX or Discover payments only)

Please Print or Type

AREMA Member ID (Not required)		Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Badge Nickname	
Title		Company	
Address			
City		State/Province	Zip/Postal Code
Country		E-mail	
Phone		Fax	
Spouse Full Name (Fee Required for Spouse Registration)		Spouse Badge Nickname	

AREMA CONFERENCE REGISTRATION (Conference registration includes Trade Show admission)			
Registration Options	By August 12	After August 12	Amount
AREMA Member Advantage Rate	\$550	\$625	
Non-Member Rate	\$700	\$775	
Presenter Rate - Must be named on the Call for Papers and on stage to present	\$375	\$425	
Student Rate (Full Conference)** (Picture ID Required) Attach to Form	\$0	\$0	\$0
One Day Pass - Choose Day <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	\$350	\$400	
Group Registration (20+)*** (Full Conference Only)	10% Off		
Annual Chairmen's Luncheon	\$80	\$90	
Luncheon Corporate Table (10 people)	\$750	\$850	
Spouse Registration	\$75	\$90	
Spouse Event	\$85	\$95	
Membership (Expires 12/31/09) Return with Membership Application <a href="http://www.arena.org">www.arena.org</a>	\$130	\$130	
<b>Your Investment</b>			\$

<b>Payment Options</b> (Payment must be enclosed and in US Dollars) Registration forms without payment will not be processed.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Account Number	
Expiration Date	CSC Code (3 or 4 digit ID# on back or front (AMEX) of card)
Cardholder's Name (Print)	
Authorized Signature	
Cardholder's Phone Number	Billing Zip/Postal Code
<input type="checkbox"/> Check or money order made payable to AREMA in US Dollars (drawn on a US bank)	Check #

I do not wish to have my contact information shared with exhibitors.

Do you have any disabilities requiring special assistance or equipment? (If yes, please attach a description of needs)  Yes  No

\*\*Students are FREE with valid Student ID.

\*\*\*Twenty or more full Conference registrations that are submitted at the same time and paid by one payment will receive a 10% discount if registrations are received by 8/12/09. Discount applies only to a full Conference registration fee, not to Presenter rate, Day Passes, Seminars, Workshops, Annual Chairmen's Luncheon or Spouse Registration or event fees.

### Cancellation Policy

**Cancellations must be received in writing on or before August 12, 2009 to obtain a refund.** A 20% processing fee will be charged for all cancellations. Refunds will not be processed until after the Conference. No refunds will be issued for cancellations made after August 12, 2009. Substitutions may be made for a \$60 processing fee. By returning this form, or registering on-line you agree to this cancellation policy.