



2009 Fall Meeting

Marriott Dayton
Dayton, Ohio
September 23-24, 2009

REGISTRATION FORM

REGISTRANT INFORMATION:

Name _____

Job Title _____

Name for Badge _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Fax _____

Special Needs (diet and etc.) _____

Spouse/Guest Name _____

REGISTRATION FEES: \$835 per member company executive
\$1200 per non-member company executive

ROOM RESERVATIONS:

The negotiated room rate is \$109 + tax per night. ASPI will make your room reservations for you. If you are paying your registration fee by check, a credit card is still needed to hold your hotel room.

Arrival Date: _____

Departure Date: _____

Number of Guests: _____

Room Preference:

King Double

Smoking Preference:

Non-Smoking Smoking

Special Room Needs: _____

SPOUSE/GUEST PROGRAM

There is no formal spouse program at this meeting, but spouses are welcome to attend. Please complete the spouse/guest registration form available on the ASPI website.

CANCELLATION:

A 10% processing fee will be charged on cancellations received before September 1, 2009. Except in emergency, refunds cannot be made after this date as ASPI must guarantee functions.

PAYMENT: Meeting Registration

Member Rate (\$835) \$ _____

Non-Member Rate (\$1200) \$ _____

Hotel Deposit (one night at \$109) \$ _____

TOTAL \$ _____

- Enclosed is my check for the full amount of \$ _____ (Payable to ASPI)
- Please bill my credit card for the full amount of \$ _____ (complete the following information)

AMEX DINER'S CLUB DISCOVER MasterCard VISA

Credit Card #: _____ Exp. _____

Name on Card: _____

Signature: _____

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