



2010 Fall Meeting

The Peabody Memphis Hotel
Memphis, TN
September 27-29, 2010

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
\$295 spouse / guest

ROOM RESERVATIONS:

The negotiated room rate is \$165 + 15.95% tax per night and a \$10.95 per room Hotel Services Fee 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

Special Room Needs: _____

There is a self-parking fee of \$12 per night at the hotel. Valet parking is \$21.

SPOUSE/GUEST PROGRAM

There is no formal spouse program at this meeting, but spouses are welcome to attend. Please indicate your spouse's name on this form and include the fee in the payment section.

CANCELLATION:

A 10% processing fee will be charged on cancellations received before September 1, 2010. 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) \$ _____

Spouse Rate (\$295) \$ _____

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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