

## **UASD 28<sup>th</sup> ANNUAL CONVENTION**

## Attendee Registration Form

Please complete a separate registration form for each attendee

## Ogden Eccles Conference Center, Ogden, Utah

November 2, 3, and 4, 2016
Visit our website at uasd.org for additional convention details

District Manner				
District Name:				
Mailing Address:				
City: State:		Zip:		
Phone: Fax:	Fax:			
Attendee Email: Website:	Website:			
strict Member Status:   UASD Member   Non-Member				
Please designate the meal functions/events you plan to attend				
November 2 <sup>nd</sup> Evening Movie – Egyptian Theater				
November 3 <sup>rd</sup> Continental Breakfast   Luncheon   Awards Banquet	Awards Banquet   Partners Program			
November 4 <sup>th</sup> Breakfast    Vegetarian	☐ Vegetarian ☐ Special Needs:			
Spouse/Partner Name: Title:   Spouse	Title:   Spouse   Partner			
Please designate the meal functions/events your spouse/partner plans to attend				
November 2 <sup>nd</sup> Devening Movie – Egyptian Theater				
November 3 <sup>rd</sup> Continental Breakfast   Luncheon   Awards Banquet	Banquet   Partners Program			
November 4 <sup>th</sup> Breakfast    Vegetarian	□ Vegetarian □ Special Needs:			
Registration Fees: (Full convention registration)  Early Bird (on or before Sept. 16)	gular	Late (after Oct. 7)	SUBTOTAL	
□ UASD Member District Attendee - Full Convention \$215 \$24	45	\$280		
□ UASD Member District Guest - Full Convention (Spouse/Partner with UASD Member) \$35 \$35	5	\$35		
□ Non-member District Attendee - Full Convention \$365 \$40	00	\$425		
□ Non-member District Guest - Full Convention (Spouse/Partner with Non-Member) \$65 \$65	5	\$65		
Wednesday sessions only: (Select One. Ideal for staff attending one-day training)  Early Bird (on or before Sept. 16)	gular	Late (after Oct. 7)	SUBTOTAL	
□ UASD Member District Attendee - Wednesday sessions ONLY \$55 \$65	5	\$75		
□ Non-member District Attendee - Wednesday sessions ONLY \$85 \$95	5	\$105		
		TOTAL		
Payment Type:   Check   NasterCard   AMEX   Discover   Other				
Name on Card: Card Number:	Number:			
Authorized Signature: Security Code:				
Email address to receive receipt: Expiration Date:	tion Date:			
Credit Card Billing Address:				
Please enclose a check or include credit card information with this form and return to the UASD				
FULL CONVENTION REGISTRATIONIncludes:Cancellation policy:Cancellations may be made, but must be in• Wednesday Evening Movie Event (Egyptian Theater)writing and received by UASD no later than October 7, 2016.• All convention materialsAll cancellations received by October 7 <sup>th</sup> will be refunded,				

HOTEL ROOM RESERVATIONS Call Hampton Inn and Suites at 801-394-9400, Group Code UAD, or Courtyard Marriott Hotel at 801-627-1190. Mention that you are registering for the Utah Association of Special Districts Convention to receive the discounted room rate of \$99 per night. The group-discount rate is available through Wednesday, October 12<sup>th</sup>, based on room-block availability. Make your reservations today!

less a \$25 processing fee. Substitutions may be made and

must be in writing. Please submit written cancellation

notice or substitution request to uasd@uasd.org, or

transmit via fax to 855-313-2360.

• Wednesday, Thursday and Friday sessions and breakouts

• Thursday evening Awards banquet with entertainment

• Friday breakfast and sessions

• Thursday continental breakfast, luncheon with Keynote speaker