



# UASD 33<sup>rd</sup> ANNUAL CONVENTION

## Attendee Registration Form

Please complete a separate registration form for each attendee

Davis Conference Center - Layton, Utah

November 2, 3, and 4, 2022

Visit our website at [uasd.org](http://uasd.org) for additional convention details

|   |  |   |         |                       |          |
|---|--|---|---------|-----------------------|----------|
| Attendee Name:  |  | Title:  |         |                       |          |
| District Name:  |  |   |         |                       |          |
| Mailing Address:  |  |   |         |                       |          |
| City:   |  | State:  | Zip:    |                       |          |
| Phone:  |  |   |         |                       |          |
| Attendee email:   |  |   |         |                       |          |
| District Member Status:   |  | <input type="checkbox"/> UASD Member <input type="checkbox"/> Non-Member  |         |                       |          |
| <i>Please designate the meal functions/events you plan to attend</i>  |  |   |         |                       |          |
| November 2 <sup>nd</sup>  |  | <input type="checkbox"/> Evening Reception  |         |                       |          |
| November 3 <sup>rd</sup>  |  | <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Awards Banquet  |         |                       |          |
| November 4 <sup>th</sup>  |  | <input type="checkbox"/> Breakfast <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Special Needs: |         |                       |          |
| Spouse/Partner Name:  |  |   |         |                       |          |
| <i>Please designate the meal functions/events your spouse/partner plans to attend</i>   |  |   |         |                       |          |
| November 2 <sup>nd</sup>  |  | <input type="checkbox"/> Evening Reception  |         |                       |          |
| November 3 <sup>rd</sup>  |  | <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Awards Banquet <input type="checkbox"/> Partners Program                    |         |                       |          |
| November 4 <sup>th</sup>  |  | <input type="checkbox"/> Breakfast <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Special Needs: |         |                       |          |
| <b>Full Convention Registration: (All Sessions, Wednesday - Friday)</b>   |  | <b>Early Bird</b> (on or before Sept. 9)  | Regular | Late (after Sept. 30) | SUBTOTAL |
| <input type="checkbox"/> UASD Member District Attendee - Full Convention  |  | \$240   | \$270   | \$305                 |          |
| <input type="checkbox"/> UASD Member District Guest - Full Convention (Spouse/Partner with UASD Member)   |  | \$35  | \$35    | \$35                  |          |
| <input type="checkbox"/> Non-member District Attendee - Full Convention   |  | \$390   | \$425   | \$450                 |          |
| <input type="checkbox"/> Non-member District Guest - Full Convention (Spouse/Partner with Non-Member)   |  | \$65  | \$65    | \$65                  |          |
| <b>Wednesday ONLY Registration:</b> (Ideal for staff or board members attending Wed. Only)  |  | <b>Early Bird</b> (on or before Sept. 9)  | Regular | Late (after Sept. 30) | SUBTOTAL |
| <input type="checkbox"/> UASD Member District Attendee - Wednesday sessions ONLY  |  | \$80  | \$90    | \$100                 |          |
| <input type="checkbox"/> Non-member District Attendee - Wednesday sessions ONLY   |  | \$110   | \$120   | \$130                 |          |
| <input type="checkbox"/> GRAMA TRAINING for Records Officers Attendee - Wednesday ONLY  |  | \$30 member   |         | \$50 non-mbr          |          |
| <b>TOTAL</b>  |  |   |         |                       |          |
| Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Other |  |   |         |                       |          |
| Name on Card:   |  | Card Number:  |         |                       |          |
| Authorized Signature:   |  | Security Code:  |         |                       |          |
| Email address to receive receipt:   |  | Expiration Date:  |         |                       |          |
| Credit Card Billing Address:  |  |   |         |                       |          |

Please enclose a check or include credit card information with this form and return to the UASD

**FULL CONVENTION REGISTRATION** Includes:

- All convention materials and Wednesday Reception
- Wednesday, Thursday, and Friday sessions and breakouts
- Thursday continental breakfast, luncheon with Keynote speaker
- Thursday evening Awards banquet and entertainment
- Friday breakfast, special speaker, and legislative overview

**Cancellation policy:**

Cancellations must be written and received no later than October 11<sup>th</sup>. Such cancellations will be refunded, 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](mailto:uasd@uasd.org), or transmit via fax to 855-313-2360.

**HOTEL ROOM RESERVATIONS** [CLICK HERE for online reservations](#), or Call the **Hilton Garden Inn at 801-416-8899**.

Mention the Utah Association of Special Districts Convention to receive the discounted room rate of **\$109 per night**.

The group-discount rate is available through Tuesday, October 11<sup>th</sup>, based upon room-block availability. Make your reservations today!