



UASD 36th ANNUAL CONVENTION

Attendee Registration Form

Please complete a separate registration form for each attendee

Davis Conference Center - Layton, Utah

November 5, 6, and 7, 2025

Visit our website at 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 5 th | | <input type="checkbox"/> Evening Reception | | | |
| November 6 th | | <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Awards Banquet | | | |
| November 7 th | | <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 5 th | | <input type="checkbox"/> Evening Reception | | | |
| November 6 th | | <input type="checkbox"/> Continental Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Awards Banquet <input type="checkbox"/> Partners Program | | | |
| November 7 th | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Special Needs: | | | |
| Full Convention Registration: (All Sessions, Wednesday - Friday) | | Early Bird (on or before Sept 12) | Regular | Late (after Oct. 6) | SUBTOTAL |
| <input type="checkbox"/> UASD Member District Attendee - Full Convention | | \$295 | \$325 | \$360 | |
| <input type="checkbox"/> UASD Member District Guest - Full Convention (Spouse/Partner with UASD Member) | | \$50 | \$50 | \$50 | |
| <input type="checkbox"/> Non-member District Attendee - Full Convention | | \$445 | \$480 | \$505 | |
| <input type="checkbox"/> Non-member District Guest - Full Convention (Spouse/Partner with Non-Member) | | \$80 | \$80 | \$80 | |
| Wednesday ONLY Registration: (Ideal for staff or board members attending Wed. Only) | | Early Bird (on or before Sept 12) | Regular | Late (after Oct. 6) | SUBTOTAL |
| <input type="checkbox"/> UASD Member District Attendee - Wednesday sessions ONLY | | \$135 | \$145 | \$155 | |
| <input type="checkbox"/> Non-member District Attendee - Wednesday sessions ONLY | | \$165 | \$175 | \$185 | |
| <input type="checkbox"/> GRAMA TRAINING for Records Officers Attendee - Wednesday ONLY | | \$60 member | | \$80 non-mbr | |
| TOTAL | | | | | |
| 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: | | | | | |
| <i>Please enclose a check or include credit card information with this form and return to the UASD</i> | | | | | |

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 15th. 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.

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 **\$119 per night**.

The group-discount rate is available through Tuesday, October 14th, based upon room-block availability. Make your reservations today!

UASD