

# TRANSFORMING LIVES

# CAMP

Capacity. Character. Community.

2014 National Conference • American Camp Association®  
February 5-8, 2014 • Orlando, Florida

## Registration Form

Please do not write in this space.

**Save money – register by December 16, 2013.** Separate form required for each person. • **See back for hotel information.**

**1 BADGE INFORMATION:** This is how your badge will read. **PLEASE** print carefully! Redoing badges on site is time consuming for you.

First Name										Last Name										Member Number									
Camp/Organization (Please condense camp name, if necessary, to fit in above space.)																				City					State				

**2 MAILING INFORMATION:** Your confirmation packet will be mailed to this address.  Please check if this change is permanent.

Mailing Address																													
City										State					Zip														
Province										Country																			
Weekday Phone										Cell Number					E-mail														

Opt in to the Exhibitors' e-mail list to enter a drawing for a **FREE 2014 CONFERENCE REGISTRATION**. Winner will receive a refund of their ACA registration fee.

**3 EMERGENCY CONTACT INFORMATION** Please list someone who is NOT attending the conference.

Name of person to contact in case of emergency \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**4 OTHER ATTENDEE INFORMATION** Check all that apply.

**Check If You Are:**  Speaker  Accredited Camp  International  
 Life Member  First-time Attendee

**Special dietary needs for plated, keynote session meal (Saturday):**  Kosher  Vegetarian

Due to hotel catering constraints, "Vegetarian" and "Kosher" are the only special dietary needs we can accommodate.

Tell us your physical or sensory needs that will enable you to fully participate in the conference.



Must be received by ACA on or before 1/3/2014.

**RETURN THIS FORM** with check, money order, or credit card account number and authorization to: National Conference Registration, American Camp Association, 5000 State Road 67 North, Martinsville, IN 46151-7902. If paying by credit card, fax to: 765-342-2065. **Note:** If faxed, **DO NOT** mail duplicate form. Thank you!

**CANCELLATION POLICY — Please read and keep a copy for future reference.** There is a \$40 fee for all cancellations postmarked **BEFORE 01/6/2014** and a \$200 fee for all cancellations postmarked **AFTER 01/6/2014**. No-shows are not refundable. **PHONE CANCELLATIONS ARE NOT ACCEPTED.** Written copy of the cancellation is required and can be faxed or mailed.

## Registration Details and Policies

We want your conference registration to run easily and efficiently.

### Important instructions — please read.

1. Please print clearly. Illegible registration forms can be delayed in processing until clarification is received. Badge information cannot be longer than allotted space. If necessary, please abbreviate to fit.
2. List the address where your confirmation materials should be mailed.
3. Please print clearly. Your emergency contact information is important.
4. If your camp is accredited, please remember to check the appropriate box to ensure you receive an accredited-camp ribbon on site.
5. **IMPORTANT** — Your member number is KEY to accurately processing your registration. If you use any other number (your camp's ID, the number of another member, etc.), you will experience undue delays and will be invoiced accordingly. Your member number has been assigned to you — and only you. No other number is valid for conference registration. If you are replacing your camp's current ACA liaison, please contact the American Camp Association (ACA) prior to sending your conference registration form to allow time for the transfer of information.
6. Extra event tickets can be purchased ahead of time or on site.
7. ACA-member, full-time students must provide a copy of their student ID with completed registration form to access complimentary rate.
8. Donations for ACA's Send a Child to Camp Fund, ACA's Annual Fund, and ACA's *Because of Camp* . . . Campaign are voluntary contributions. Contributions enhance ACA's efforts to preserve, promote, and advance the camp experience.
9. Total all fees and either include a check or money order for the full amount or your charge card information (card number, expiration date, and signature). **Full payment is required in advance.**

For additional registration questions, contact Melany Irvin at: [customerservice@ACAcamps.org](mailto:customerservice@ACAcamps.org) or 765-342-8456

View current conference information and frequently asked questions at: [www.ACAcamps.org/conference](http://www.ACAcamps.org/conference)

**5 EXTRA EVENT TICKETS:** (One ticket for each event is included in the cost of a full registration.) Extra tickets available on site.

ADULTS	Quantity	Fee
Thursday Exhibit Hall Reception	_____	\$36
Friday Lunch	_____	30
Saturday Closing Lunch	_____	35
<b>YOUTH 12 AND UNDER</b>		
Thursday Exhibit Hall Reception	_____	12
Friday Lunch	_____	12
Saturday Closing Lunch	_____	15
<b>Amount</b>		_____

## Hilton Orlando

Reservations: 888-488-3509

For discounted rate, identify yourself with the American Camp Association.

Single/Double —  
\$189+taxes per night.

Triple —  
\$219+taxes per night.

Quad —  
\$249+taxes per night.

Available first-come/first-served through January 14, 2014.

Guest room Internet access is complimentary for ACA conference attendees staying at the Hilton Orlando.

## Discounts

Camps with 4 or more attendees may be eligible for **hotel discounts** at the Hilton Orlando. Learn more, visit [www.ACAcamps.org/conference/discounts](http://www.ACAcamps.org/conference/discounts).

Significant **registration discounts** available by becoming a member along with registration. Save now by checking out:

[www.ACAcamps.org/membership](http://www.ACAcamps.org/membership)



[www.ACAcamps.org](http://www.ACAcamps.org)

## 6 REGISTRATION FEES

**Full Registration Fee Includes:** Ticketed events (Grand Exhibit Hall Reception, Friday Lunch, Closing Lunch), general exhibit hall pass, educational workshops, general sessions, and program book.

**Membership Number:** Write the member number that matches the name on this form. No substitutions, please. Camp numbers and the numbers of other people are not valid for the conference discount. Appropriate fees will be assessed.

ACA Individual Member No. \_\_\_\_\_

**Become a member and SAVE!** Contact [membership@ACAacamps.org](mailto:membership@ACAacamps.org) or 800-428-2267.

Check the appropriate box(es).	before 12/16/13	12/17/13 and after
Individual Member 1st Person Full	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
Individual Member(s) — Additional Person Full	<input type="checkbox"/> 375	<input type="checkbox"/> 425
Student Members	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<i>Include Copy of Student ID; Sessions and Exhibits Only; Does Not Include Meals</i>		
Student Nonmembers Full	<input type="checkbox"/> 215	<input type="checkbox"/> 265
Speakers Full	<input type="checkbox"/> 265	<input type="checkbox"/> 265
Nonmember 1st Person Full	<input type="checkbox"/> 700	<input type="checkbox"/> 750
Nonmember(s) — Additional Person Full	<input type="checkbox"/> 600	<input type="checkbox"/> 650

Check the appropriate day(s). Paid Days Include Daily Ticketed Events	Wed. Rate	Thurs. Rate	Fri. Rate	Sat. Rate
Member Per Day	<input type="checkbox"/> \$75	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
Nonmember Per Day	<input type="checkbox"/> 99	<input type="checkbox"/> 250	<input type="checkbox"/> 250	<input type="checkbox"/> 150
Student Member Per Day	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
Student Nonmember Per Day	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 75	<input type="checkbox"/> 50

**Amount** \_\_\_\_\_

## 7 KINDRED & OTHER EVENTS • Prices are per person

ACA handles registration for the Kindred and Affiliate groups listed below. Visit [www.ACAcamps.org/conference](http://www.ACAcamps.org/conference) for more information about these groups and others managing their own registration.

Camp Owners and Directors Association (CODA)	_____	<input type="checkbox"/> \$300
Emerging Professionals in Camping (EPIC)	<input type="checkbox"/> ACA Member \$50	<input type="checkbox"/> Non ACA Member \$60
Girl Scouts Kindred Meeting	_____	<input type="checkbox"/> \$30
International Camping Fellowship Camp Tour (ICF)	_____	<input type="checkbox"/> \$150
New Director Orientation (NDO)	_____	<input type="checkbox"/> \$79
Not-For-Profit Council Lunch (NFP)	_____	<input type="checkbox"/> \$25
Religiously Affiliated Camps Pre-Conference	<input type="checkbox"/> RAC Member \$75	<input type="checkbox"/> Non RAC Member \$115
"Kindred Only" Processing Fee*	_____	<input type="checkbox"/> \$15

(\*Processing Fee Only Applies if NOT Also Attending the ACA National Conference.)

Current as of 8/7/2013. Check the Web site for updates and new events.

**Amount** \_\_\_\_\_

## 8 ACA's Send a Child to Camp Fund — Children are our future, and the skills learned and relationships fostered at camp are often life-changing stepping stones on the road to adulthood. Yes, I'd like to contribute!

\$25  \$50  \$75  \$100  \$250  Other \_\_\_\_\_

**ACA's Annual Fund** — Your donation supports future innovative initiatives and all the good work ACA does.

\$25  \$50  \$75  \$100  \$250  Other \_\_\_\_\_

**ACA's Because of Camp . . . Campaign** — Help share camp's positive message with millions nationwide.

\$25  \$50  \$75  \$100  \$250  Other \_\_\_\_\_



## 9 TOTAL ENCLOSED OR CHARGED:

**Full payment must be received before we can process your registration.**

Make payable in U.S. funds. Faxes are not accepted if paying by check. Payment must be received with this registration form.

**Subtotal (Sections 5-7)** \_\_\_\_\_

**ACA Invest in Youth Contribution (Section 8)** \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

Please bill my:  MasterCard  VISA  Discover  AMEX

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ 3 digit CSC # \_\_\_\_\_

PLEASE PRINT CLEARLY

Signature \_\_\_\_\_

Total all fees and either include a check or money order for the full amount or your charge card information (card number, expiration date, and signature). **Full payment is required in advance.**

## Images

**USE OF CONFERENCE IMAGES IN ACA PUBLICATIONS:** Through my registration, I give American Camp Association full rights and permissions with respect to any photographs, video, and audio recordings taken during the ACA conference. These images and recordings may be used by ACA, and its agents, in educational and promotional media.

**Registrant is responsible for retaining a copy of the completed form.**