



Registration Information

ADDITIONAL INFORMATION

Conference Registration Fee includes beverages (coffee, tea, water), presentation from Gov. Jack Markell, and evening reception as listed on the agenda, and conference materials.

1. Registrations will be accepted on a first come, first served basis. A separate form is required for each registrant.
2. To the extent that continuing education learning units will be offered, you will not be eligible to receive credit for them without submitting a completed registration form and payment.
3. Registration forms received without payment will not be processed.
4. Cancellation requests must be received in writing no later than September 30, 2009. A cancellation fee of \$25 will apply to a cancelled Conference registration and of \$50 to a cancelled Workshop registration. Refunds will not be given for cancellations received after the event starts.

WHAT ELSE SHOULD I KNOW?

AIA Delaware reserves the right, in its sole discretion, to cancel this meeting. In that event, AIA Delaware shall refund to you all registration fees that it has received from you for this event but shall have no further obligation to you of any type, whether monetary or otherwise. Accordingly, AIA Delaware shall in no event have any liability to you based on claims for indirect, special, or consequential damages of any type whatsoever and shall have no other obligation to you of any type except as expressly stated in the preceding sentence.

MAIL WITH PAYMENT TO:

AIA DELAWARE
220 W. 9TH STREET
WILMINGTON, DE 19801
FAX (302) 654-7687

REGISTRATION FORM

Name _____

Firm/Company _____

Address _____

City _____ ST _____ ZIP _____

Phone: _____

E-mail: _____

REGISTRATION SUBSTITUTIONS:

Submit all substitution requests to AIA Delaware in writing.

REGISTRATION FEE:

Thursday, Oct. 15 Conference

\$95 per person

\$25 student

Friday, Oct. 16 Workshop

\$165 per person

Afternoon Concurrent

Session Choice (*circle one*)

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TOTAL ENCLOSED \$ _____

METHOD OF PAYMENT:

Check payable to AIA Delaware

Visa MasterCard

Card Number _____

Expiration Date _____ Card ZIP Code _____

Name on Card _____

_____ Date _____

Authorized Signature (*required*)