



AMERICAN COUNSELING ASSOCIATION

## ACA North Atlantic Region

### Professional Development and Leadership Workshops September 25-27th, 2008

Hollywood Slots Hotel  
500 Main Street, Bangor, Maine 04401  
1-877-779-7771

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Email (print clearly): \_\_\_\_\_

**(FULL) FALL LEADERSHIP CONFERENCE:** Registration fee includes: Thursday Afternoon, Friday & Saturday Morning Workshops, Friday & Saturday luncheons, refreshment breaks, workshops, and program materials.

**(ONE DAY) FRIDAY ONLY WORKSHOPS:** Registration fee includes: Friday Workshops, lunch, refreshment breaks and program materials.

**HOTEL RESERVATION:** Please call now to make your hotel reservations. *When making your reservations, give the group name as the American Counseling Association NAR Fall Assembly.* The rate is \$119 single/double. You can call the hotel directly at 1-877-779-7771. **THE DISCOUNTED RATE ENDS MONDAY AUGUST 25th. The group rate will not be guaranteed after August 25th**

#### REGISTRATION RATES

	By September 10 <sup>th</sup>	After September 10 <sup>th</sup>
Full Registration	\$160.00	\$175.00
One Day Registration	\$90.00	\$100.00

***NOTE: If you are representing a branch please bring a gift(s) to exchange with other Branch Reps.***

Special Needs, Dietary or Otherwise:

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In what capacity will you be attending the conference? (Please check one)

- Emerging Leader                       Branch Officer                       ACA Staff  
 ACA National Leader                       Professional Counselor                       Grad Student

Please write in Office/Division/State as applicable

\_\_\_\_\_

(FULL) NAR LEADERSHIP ASSEMBLY- By Sept. 10 (\$160.00) \$ \_\_\_\_\_

**OR**

(1-DAY) FRIDAY ONLY WORKSHOPS - By Sept. 10 (\$ 90.00) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Are you planning to attend the Thursday Workshops?** \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Payment Method**

Full payment must be enclosed or registration will not be processed.

Check or money order, payable to ACA/NAR Assembly in U.S. funds, enclosed.

VISA                       MasterCard                       American Express                       Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**CVC Code:** *Amex (4 digits above credit card number)* \_\_\_\_\_  
*Visa, MC, Discover (last 3 digits next to signature)* \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please make checks payable for registration to: ACA/NAR-Assembly**

*Mail completed form to:*

**American Counseling Association (ACA)**

**Attn.: Robin Hayes, Director of Conference & Meeting Services**

**5999 Stevenson Ave.**

**Alexandria, VA 22304**

**If paying by credit card, you may also FAX your form to:**

**Robin Hayes at 703-823-0312**