



ACA 2014 Conference & Expo Registration

Registration Information Check if First-Time Attendee Check if New Member

Name (Print) _____
 (first) (middle initial) (last)

Nickname for Badge _____ ACA Membership # (Required if claiming ACA Member Rates) _____

Street Address _____

City _____ State/Province _____ Zip _____ Country _____

Current Employer/Organization _____

Current Position _____

Daytime Phone () _____ Evening Phone () _____

Cell Phone () _____ Email _____

Do you give ACA permission to send you text messages via your cell phone during the conference? Yes No

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?

_____ (audio, visual, or mobile)

We will accommodate dietary request for all ticketed events. We will make every effort to provide a variety of food selections at other events for those with dietary restrictions.

Join ACA Membership & Save on Registration Fees!

Pledge: Membership in ACA means that you will abide by ACA's Bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the ACA Code of Ethics and Standards of Practice, (a copy of which is available to you at counseling.org) which can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action.

To join, check the membership category for which you qualify:

- Professional:** Masters or Doctorate in counseling or closely related field. \$165.00
- Regular:** Interested in goals and mission of ACA. \$165.00
- New Professional:** Graduated with a master's or doctorate within past 12 months \$ 94.00
- Student:** Enrolled at least half-time at college level. \$ 94.00

Subtotal \$ _____

Pre-conference Learning Institutes Rates | March 26–27

2014 LI Rates	Super Saver		Advance		Onsite	
	By December 15, 2013 Day	Evening	By February 15, 2014 Day	Evening	After February 15, 2014 Day	Evening
ACA Members						
Professional/Regular	\$140	\$95	\$170	\$125	\$210	\$165
New Professional/ Student/Retiree	\$95	\$70	\$125	\$100	\$165	\$140
Non-Members						
General Attendees	\$200	\$155	\$230	\$185	\$270	\$225
Non-Member Student	\$155	\$130	\$185	\$160	\$225	\$200

Please indicate the course number and fees per individual session. (The ACA/Red Cross Training is not a Pre-conference Learning Institute. See pg. 17 for separate registration process)

Wednesday, March 26

Daytime Course # _____ Registration Fee \$ _____

Evening Course # _____ Registration Fee \$ _____

Thursday, March 27

Daytime Course # _____ Registration Fee \$ _____

Evening Course # _____ Registration Fee \$ _____

Subtotal \$ _____



ACA 2014 Conference & Expo Rates | March 27–30

Conference Rates	Super Saver By December 15, 2013	Advance By February 15, 2014	Onsite After February 15, 2014
ACA Members			
Professional/Regular	[] \$370	[] \$420	[] \$480
New Professional/ Student/Retiree	[] \$270	[] \$315	[] \$345
Non-Members			
General Attendees	[] \$530	[] \$575	[] \$615
Non-Member Student	[] \$375	[] \$485	[] \$505

1-Day (same rate for members and nonmembers)

- 1-day Registration \$300 (indicate day) _____
- Guest Registration \$200 (per person) *See restrictions on pg. 22*
- Expo Only \$25 (per person)

Subtotal \$ _____

Special Ticketed Events

	Qty.	Total
Add'l Opening Night Celebration*	\$45 x _____	\$ _____
Attending the First Timers Orientation & Reception	[] Yes [] No	

*One free ticket for the Opening Night Celebration is included with full registration. Extra tickets may be purchased.

Subtotal \$ _____

Division Meal Functions *(subject to change)*

	Qty.	Total
Thursday, March 27		
ACEG Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____
Friday, March 28		
CSJ Brunch 11:00 a.m.–1:00 p.m.	\$40 x _____	\$ _____
ASERVIC Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____
ASGW Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____
IAMFC Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____
Saturday, March 29		
IAAOC Breakfast 7:00 a.m.–8:30 a.m.	\$40 x _____	\$ _____
ALGBTIC Brunch 11:00 a.m.–1:00 p.m.	\$40 x _____	\$ _____
ACES Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____
AMCD Luncheon 12:00 p.m.–2:00 p.m.	\$50 x _____	\$ _____

Subtotal \$ _____

Voluntary Contributions *(see pg. 22)*

Human Concerns Fund	\$ _____
Legal Defense Fund	\$ _____
ACA Foundation	\$ _____
Professional Advocacy Fund <i>(Not tax deductible)</i>	\$ _____
David K. Brooks, Jr. Distinguished Mentor Award	\$ _____
The Gilbert and Kathleen Wrenn Award	\$ _____
The Robert Rencken Emerging Leader Award	\$ _____

Subtotal \$ _____

Payment Method

Registration cannot be processed if full payment is not enclosed.

Total Payment Enclosed \$ _____

- Check or money order, payable to American Counseling Association in U.S. funds, enclosed.
- VISA MasterCard
- American Express Discover

Credit Card # _____

Exp. Date _____ Security Code _____

Cardholder's Name (print) _____

Phone No. () _____

Authorized Signature _____

Date _____

For Office Use Only Source Code ARBHI2014

Date Received _____ Check No. _____

C/C Authorization No. _____ Amount \$ _____

Received by _____