

Convention Registration

WED. – SAT., APRIL 26TH TO 29TH, 2017 | CLEVELAND, OH

Barbara Gerr/Arnie Small
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A SEPARATE FORM MUST BE COMPLETED FOR EACH REGISTRANT.

EXHIBITORS MAY NOT REGISTER USING THIS FORM.

Return with your check made payable to the AAPA to: Barbara Gerr/AAPA, 504 Bergen Court, Galloway, NJ 08205

Name _____ Address _____

City/State/Zip _____ Phone (_____) _____

E-mail _____ Membership #: (if you're a member; otherwise, leave blank) _____

INSTRUCTIONS: Complete only Section B or Section C, plus Section A (if applicable). Complete one form for each person registering (make copies or download additional forms at www.AAPA.info). All monies must be paid in full by April 10, 2017.

Section A: Join Us!

If you are **NOT** currently an AAPA member, but would like to join, you may do so now. Current members should skip this section. Those who take out a dual membership must live at the same address; they receive a single issue of the *Journal*, but have 2 votes. If you join now, you are eligible to register for the 2017 Convention as an AAPA member.

2017 Membership Dues (new members only) \$54 Single or \$60 Dual \$ _____

If dual membership, provide 2nd name here _____

Section B: Members Only Convention Package

This section applies **ONLY** to Members wishing to register for a convention package. Otherwise, leave this section blank. Use Section C in order to register using the Day Rates. **CHOOSE ONE**

Welcome Reception, all are welcome to attend (check if attending)

Member **Full Package** @ \$115 per person \$ _____
(Wednesday and Thursday Tours, all Seminars, Banquet, Early Admission to Show)

Member **Partial Package** @ \$75 per person \$ _____
(Wednesday tour, all Seminars, Banquets, Early Admission to Show)

Section B **SUBTOTAL** \$ _____

Section C: Day Rates

Day Rates, allows participation in select events. General admission to the AAPA Show and Sale @\$6.00 per person.

Wednesday TOUR @ \$65 per person \$ _____

Thursday TOUR @ \$45 per person \$ _____

Thursday BANQUET @ \$40 per person \$ _____

All 3 SEMINARS @ \$25 per person \$ _____

Check here if the total enclosed includes a new membership.

Check here if the total enclosed includes any additional (attached) registration form(s).

Section C **SUBTOTAL** \$ _____

TOTAL ENCLOSED \$ _____

Volunteer Activities:

I can I cannot volunteer at the convention

I can help with Registration Show Ticket Sales Other

OFFICE USE ONLY:

Date Received: _____

Amount: _____ Check #: _____