

2017 Annual Educational Conference

The first 100 PAID registrants for the conference will receive a free 7", 8-gig Amazon Fire Tablet with Alexa.

SEPTEMBER 10-15, 2017 RENAISSANCE CLEVELAND HOTEL CLEVELAND, OHIO

First Name: _____ Last Name: _____

Court/Organization/Company: _____

Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-Mail: _____

I am a new AJA Member This is my first AJA Meeting I am not an AJA member

Please indicate how you would like your name tag to read, if different than above: _____

Please indicate any physical or dietary needs that require special attention: _____

Full name of attending Guest/Spouse: _____

Full name(s) of attending children: _____

The information provided below will be used to register and guarantee the number of attendees for the social functions. **Once you have submitted the registration form and have to make any changes to your selections, please contact AJA as soon as possible.** Inaccurate guarantees may mean that the hotel will not be able to accommodate all who plan to attend.

	Participant		Guest/Spouse	
	Yes	No	Yes	No
Welcome Reception (Sunday, September 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luncheon (Monday, September 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception and Banquet (Thursday, September 14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER REGISTRATION FEES:

\$495 US (payment received on or before July 1, 2017) \$ _____

\$525 US (payment received after July 1, 2017) \$ _____

\$175 US Guest/Spouse (payment received on or before July 1, 2017) \$ _____

\$200 US Guest/Spouse (payment received after July 1, 2017) \$ _____

Total Due \$ _____

NON-MEMBER REGISTRATION FEES:

\$600 US \$ _____

\$200 US Guest/Spouse \$ _____

Total Due \$ _____

Payment Method

Enclosed is a check for \$ _____ payable to AJA (Federal Tax ID #84-0505908)

Charge \$ _____ to: MasterCard Visa Discover

Card#: _____ Exp. Date: Mo: _____ Year: _____

Security Code: _____

Signature (required for all charge orders) _____

Cancellations must be submitted in writing; all cancellations will incur a \$50 US processing fee (\$25 US for guest/spouse fees).

Please mail completed registration form along with payment to:

American Judges Association

c/o National Center for State Courts, 300 Newport Avenue, Williamsburg, VA 23185-4147

Toll Free (800) 616-6165 Phone (757) 259-1841 Fax (757) 259-1520