



2008 AAHGS CONFERENCE REGISTRATION FORM

6-9 November 2008 ♦ College Park, Maryland

Mail with payment to AAHGS, PO Box 73067, Washington, DC 20056-3067.

You may register by Fax if using a credit card: (202) 722-9113.

Please use one registration form for each person. This form may be duplicated. Please print name as it should appear on badge.

LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE INITIAL

ADDRESS

CITY STATE ZIP

EVENING PHONE NUMBER AAHGS MEMBERSHIP NUMBER

EMAIL

SURNAMES BEING RESEARCHED (INCLUDE NAME, COUNTY, STATE) [LIMIT 3 NAMES]

MEMBERSHIP

- Individual (\$35/year)
- Organization (\$45/year)
- Family (\$40/year)
- Lifetime (\$1000)

I do not want my name, address, or email printed in the directory of conference participants.

I do not want my telephone number printed in the directory of surnames.

I am attending my first AAHGS conference.

Join AAHGS right now and take advantage of the lower Conference fees for members.

Full Conference Registration Fees:

	With Meals		No Meals	
	On/Before 15 Sep	After 15 Sep	On/Before 15 Sep	After 15 Sep
Member:	\$325	\$400	\$250	\$300
Non-Member:	\$365	\$435	\$275	\$325
Lifetime Member:	\$300			
Youth (age 12-23):	\$180			

College students, ID required

Full Conference Registration: (includes Thursday evening reception, 3 meals a day for Friday and Saturday. Morning and afternoon refreshments, and Sunday Brunch.)

Single Day Registration Fees:

Check day: ___ FRI. ___ SAT.

	With Meals		No Meals	
	On/Before 15 Sep	After 15 Sep	On/Before 15 Sep	After 15 Sep
Member:	\$175	\$225	\$145	\$170
Non-Member:	\$225	\$275	\$200	\$225

Meal Selections (when not included in registration)

[please check each meal selection]

___ Reception	\$25	___ Saturday Luncheon	\$40
___ Breakfast	\$25	___ Saturday Banquet	\$60
___ Friday Luncheon	\$40	___ Sunday Brunch	\$28
___ Friday Sharing Dinner	\$45		

Fees and Payment Information

Registration Fee	\$ _____
Meal Selection Total	\$ _____
Single Day Registration Only	\$ _____
Membership Fee	\$ _____
Total Fees	\$ _____

Method of Payment: Check Money Order Visa MasterCard American Express

You may register by FAX: (202) 722-9113 (credit cards only).

Name (as it appears on credit card): _____

Credit Card Number: _____ Exp. Date: _____

Signature (required): _____

One Year Subscription to Black Enterprise included in Registration

Cancellation Policy

All cancellations must be in writing and postmarked no later than 15 September 2008. All cancellations will be subject to a \$50.00 processing fee.

Please check if you have a disability or condition that requires special accommodations or services to fully participate in this conference. AAHGS staff will contact you to discuss your specific needs.