

**Go Out and Go Green: People, Places and Programs**



**ACA, Heart of the South**

**2008 Fall Conference and Annual Meeting**

**November 10-12, 2008**

**Camp Henry S. Jacobs**

**P.O. Box 327, Utica, Mississippi 39175**

**Registration**

Name of Camp/Org. (Print clearly): \_\_\_\_\_

Camp ACA Number: \_\_\_\_\_ ACA Section: \_\_\_\_\_

Type of camp (check all that applies):  Non-Profit  Private  Day  Resident  Travel  
 Special Population  Religiously Affiliated  Other: \_\_\_\_\_

Name of Director/Contact Person: \_\_\_\_\_ ACA Member #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell, Home: \_\_\_\_\_

**ATTENDEES:** Please print clearly the name(s) and room type/roommate preference for all attending in your group:

| Name: | Room Type Requested/Roommate Request: |
|-------|---------------------------------------|
| 1.    |                                       |
| 2.    |                                       |
| 3.    |                                       |
| 4.    |                                       |
| 5.    |                                       |

**Please check here if you or anyone with you requires special accommodations, meals or arrangements of any sort.** You will receive a follow up phone call.

**Please note:** beyond 5 people please submit an additional registration form.

I give my permission for the ACA, Heart of the South and the ACA to use my photograph.

**REGISTRATION FOR STANDARDS PROGRAMS:**

Attending the *new* Standards Course on Monday, 1:00 to 6:00 p.m. (FREE):  
Names: \_\_\_\_\_

Attending the *new* Standards Course for returning directors on Tuesday (FREE):  
Names: \_\_\_\_\_

Attending the Visitor Update Course on Tuesday (FREE):  
Names: \_\_\_\_\_

Attending the Associate Visitor Training (Wed. 9:00 AM – Thurs. 3:00 PM) (FREE, includes lodging and meals for Wed. and Thurs.):  
Names: \_\_\_\_\_

**Early registration will insure your first choice for accommodations.**

**Complete Conference Package**

**Total**

- Conf.Reg. with single room/private bath and all meals (\$275.00) \_\_\_\_\_
- Conf.Reg. with single room/shared bath and all meals (\$255.00) \_\_\_\_\_
- Conf.Reg. with double room/private bath and all meals (\$230.00) \_\_\_\_\_

**REGISTRATION FEES** (please check all that apply and fill in totals):

- Full Conference Registration for Camp Group up to 5 people (\$180.00): \_\_\_\_\_
- Full Conference Registration for Individual (\$80.00): \_\_\_\_\_
- Full Conference Registration for an individual Student or Retired Member (\$35.00): \_\_\_\_\_
- Full Conference Registration for a Visitor with 1 visit (\$37.50) or 2 visits (FREE): \_\_\_\_\_
- Full Conference Registration for an individual conference presenter or guest (FREE): \_\_\_\_\_
- Single Day Conf. Reg.  Mon. (\$20.00)  Tues. (\$40.00)  Wed. (\$30.00)      X \_\_\_\_\_

**MEALS AND LODGING PACKAGES** (please check all that apply number of people and totals):

- 2 nights, single room/private bath and all meals (\$195.00)      X \_\_\_\_\_
- 2 nights, single room/shared bath and all meals (\$ 175.00):      X \_\_\_\_\_
- 2 nights, double room/private bath and all meals (\$ 150.00):      X \_\_\_\_\_
- 2 nights, dorm.-style cabin, group bath, **No linens** all meals (\$120.00)      X \_\_\_\_\_

**MEALS ONLY** (please check all that apply number of people and totals):

- Mon. (\$ 15.00)  Tue. (\$35.00)  Wed. (\$25.00)      X \_\_\_\_\_

**TOTAL OF ALL FEES DUE:** \_\_\_\_\_

**All fees are payable by check or credit card to: ACA Heart of the South.**

**REFUND POLICY:** all fees are due in full by October 20. **You are not considered registered until all fees are paid.**  
**There will be a \$25.00 late fee accessed to all registrations after October 20.** If you must cancel, we will refund your fees minus 10% up to three weeks before the conference.

If paying by credit card, please complete this information:

Credit Card Type:     VISA     MasterCard    Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_ (last 3 digits located on back of credit card)

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it appears on the credit card (print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please email, mail or fax this form with payment to:**

**ACA Heart of the South - 4132 Rocky Branch Road - Walland, TN - 37886    865-983-5393 (fax)**

**For more information: 888-829-2267    [ACAHeartOfTheSouth@ACACamps.org](mailto:ACAHeartOfTheSouth@ACACamps.org)**

Confirmation will be sent upon receipt of registration. If you have any questions, feel free to contact Wanda DeWaard at the above contact information. All fees are payable by check or credit card to ACA Heart of the South.

- Please send my confirmation by email
- This is my first ACA, Heart of the South conference