



2018 Convention Registration

March 13 - 18, 2018
Eau Palm Beach Resort & Spa
Manalapan, Florida

Office Use Only	
Date In	_____
Amount In	_____
Confirm	_____

Registrant Information Register no more than one couple per page

1. Registrant's Name _____ Badge Name _____

2. Spouse/Guest Name _____ Badge Name _____

3. Youth 1 Name _____ Age _____ Badge Name _____

4. Youth 2 Name _____ Age _____ Badge Name _____

Company _____ Title _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____ Email _____

Registration Fees All attendees must be registered **Exhibit** Yes, I Want a Tabletop at the 1st Annual Associates Exhibit

Registration Category	By 1/31/18	After 1/31/18	Subtotal
Owner/Employee Member	\$1195	\$1495	
Spouse/Adult Guest	\$695	\$795	
Youth under 4	\$0	\$0	
Youth 4-10	\$395	\$495	
Youth 10-18	\$495	\$595	
Optional Activities <small>Please enter registrant's number (1-4) from above</small>	Fees	Registrant #	
Spouse Breakfast and Painting Class (Thurs.)	included		
APCA Golf Tournament (Fri.)	\$150		
Golf Club Rental <input type="checkbox"/> Mens <input type="checkbox"/> Womens <input type="checkbox"/> Right <input type="checkbox"/> Left	\$60		
Worth Avenue Shopping (Fri.)	\$40		
Catamaran Excursion (Sat.)	\$215		
Flagler Museum Tour (Sat.)	\$175		
Bicycle Tour (Sat.)	\$164		
Total Fees			

Registration Info
• Fax this registration form to (703) 548-3733
OR
• Mail this registration form with payment to: APCA 1908 Mt. Vernon Ave. 2 nd Floor Alexandria, VA 22301

Cancellation Policy
There is no charge for cancellations received before 1/31/18. After that date, no refunds will be given. Please confirm cancellation and refund request in writing.

I'm a First-time Convention Attendee

APCA Payment must accompany this registration in the form of a check or credit card. Payment must be received by January 31, 2018, for early discount.

Check Please make payable to APCA MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

Credit Card Billing Address _____

Hotel Registration Credit card is required to reserve rooms. This is a separately charged item. Card Type: MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

Check-in Date _____ Check-out Date _____

Room Type <input type="checkbox"/> Guest Room \$445 <input type="checkbox"/> King Bed <input type="checkbox"/> Two Queen Beds
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Questions? Call us at (703) 212-7745
