



Federal Asian Pacific American Council (FAPAC)

P.O. Box 23184, Washington, DC 20026-3184

FAPAC 27th National Leadership Training Conference
Grand Hyatt Atlanta, 3300 Peachtree Road, NE, Atlanta, GA 30305
April 30 – May 4, 2012

Registration Form

12- _____
For official use only

Registrant Information (Please Print)

Name (Last, First, Init): _____
Title: _____
Agency: _____
Address: _____
City, State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____
Name on Tag: _____ Vegetarian _____ (Yes/No) Special Needs (describe) _____

Billing Information

Name: _____
Title: _____
Agency: _____
Address: _____
City, State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____

Emergency Contact Information:

Full Name: _____ Relationship: _____ Home Phone: _____ Work Phone _____
Membership: _____ (Yes/No) FAPAC National _____ (Yes/No) FAPAC Chapter _____ (Yes/No) FAPAC Chapter Name: _____

Registration: Full Training Package

\$ _____ Member \$595, Non-Member \$695 (Early Registration)
\$ _____ Member \$795, Non-Member \$895 (After 3/31/2012)
\$ _____ Group Registration \$595 (15 or more)
\$ _____ Exhibitor \$1150 (Early Registration)
\$ _____ Exhibitor \$1250 (After 3/31/2012)

One Day Workshop: \$270 (Early Registration.) \$350 (After 3/31/12)

One Day Exhibitor: \$410 (Early Registration.) \$450 (After 3/31/12)
\$ _____ Tuesday, May 01, 2012
\$ _____ Wednesday, May 02, 2012
\$ _____ Thursday, May 03, 2012
\$ _____ Friday, May 04, 2012

Career Day, May 02 (Wednesday) Free for Students and Veterans.
Pre-registration required

Additional Meal Ticket

\$ _____ Extra Luncheon(s) (\$75) (May 01, May 03, 2012)
\$ _____ Extra Dinner(s) (\$100) (Apr 30, May 03, 2012)

Total Cost: \$ _____

Method of Payment:

1. Credit Card/Purchase Card: VISA__ MC__ AMEX__ Discover__
Name of Card Holder: _____
Card Number: _____
Expiration Date: _____
Card Holder Zip Code: _____ Phone _____
2. PO issuing Agency: _____
Purchase Order #: _____
3. Check Owner Name: _____
Check #: _____
4. Direct Deposit (EFT) #: _____

Payment Instructions: FAPAC (Tax ID #: 52-1860543, EIN:#52-073437) Return this Registration Form with Gov. PO or Check, or EFT payment information including participant name to FAPAC Registration Team for confirmation. Mail check payable to FAPAC with form to FAPAC, Attn: Registration, P.O. Box 23184, Washington, DC 20026-3184.

Refund, Cancellation and Credit Card Change Policies: In order to issue a refund, FAPAC must receive a "written cancellation notice" COB April 14, 2012. No refund or cancellation will be honored after that date. Confirmed registrants who do not attend the conference are liable for the entire registration fee. A \$25 service fee will be charged to your credit card for each credit card change. Refund will be **processed/mailed** after the conference

Contacts:

Registration Team Exhibits & Sponsorship General Information
Kaye Nitta (301) 796-9408 Fax 301-847-8606 Pankaj Parikh (312)886-6707 Grace Spence (202) 422-4913

ON-LINE REGISTRATION – www.fapac.org, Email: fapac@fapac.org