2010 CONFERENCE REGISTRATION FORM

Contact Information: (Please Print Clearly. This name will be on your certificate of attendance and name tag)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H)_____ Phone (W) _____ Fax _____

Email_____ RAA Member (ID#)_____ Non-Member__

Attendance Listing:
Do you agree to have your name, address, phone number, and email on a list available to all attendees?
Yes_____ No_____

Meal Choice:
My menu preference is: Non-vegetarian_____Vegetarian/Vegan_____

Room Sharing:
___ I am interested in sharing a room. (I will be sent a list to contact.)

Leadership Training for all interesting in fine tuning their leadership skills-*committee members, board members, future board members, delegates*. When? pre conference May 13, TH. 9-12pm $30.00
_____I will be attending the Leadership training and will include the $30 in my conference payment.

THREE DAY Conference Fee:

RAA Member after January 31, 2010**…..**$375
Non-Members $400
Conference fee includes: Welcome Social, Admission, Headshot, Fri. Sat. buffet lunches, and five beverage breaks.

Method of Payment: _____Check
_____Money Order
_____Credit Card (available online at Reflexology-usa.org - Events)
Any returned checks will be charged a $30 processing fee.

Refund Policy: Full refund minus a $30 administrative fee until March 31, 2010. No refunds after April 1, 2010.

Send checks or money orders, along with this form, directly to the conference registrar:
RAA Administration Office
PO Box 714 Chepachet, RI. 02814
You will receive a email/ land mail confirmation upon receipt.

Date _____Signature_____Amount Enclosed: _____

(Contact the Hotel for accommodations- mention Reflexology for a discounted rate. www.Inverness.com 800.832.9053)