



**October 21 – 25, 2019**

**Hyatt Regency by the Mall of America  
3200 East 81<sup>st</sup> Street, Bloomington, MN**

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**Registration**



**American Association of Code Enforcement  
[www.AACE1.org](http://www.AACE1.org)**

# 30<sup>th</sup> Annual AACE Conference

## Registration Form



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

| Description   | Early Before 9/26/19 | Advance After 9/26/19 | At The Door |
|---|----------------------|-----------------------|-------------|
| Full Conference (AACE Member)   | \$425                | \$435                 | \$445       |
| Full Conference (ICC Ch. Member)<br>Chapter: _____                        | \$425                | \$435                 | \$445       |
| Full Conference (Non-Member)  | \$470                | \$480                 | \$490       |
| One Day Pass (AACE Member)<br>___ Tues. ___ Wed. ___ Thurs.               | \$185                | \$205                 | \$225       |
| One Day Pass (ICCC Member)<br>Chapter: _____<br>Tues. ___ Wed. ___ Thurs. | \$185                | \$205                 | \$225       |
| One Day Pass (Non-Member)<br>___ Tues. ___ Wed. ___ Thurs.                | \$230                | \$250                 | \$270       |
| Guest Banquet Ticket  | \$50                 | \$60                  | \$70        |

Payment Method:

- Register online at [www.AACE1.org](http://www.AACE1.org) (Online registrations may select "Bill Me" option for non-credit card payment)
- Checks (Make payable to AACE at PO Box 740328, Arvada, CO 80006)
- Credit Card

**Cancellation Policy:** A \$100.00 administrative fee will be subtracted from all conference refunds. Refunds may be granted for cancellations requested up to 2 weeks before the conference. After that time, no refunds will be granted for cancellations, with the exception of emergencies, which must be approved by the President and the Management Company upon receipt of written documentation from the member explaining the emergency.

Name: \_\_\_\_\_

Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

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

Please Complete This Form and Return To:  
American Association of Code Enforcement, P.O. Box 740328, Arvada, Colorado 80006  
or email to [admin@ace1.org](mailto:admin@ace1.org)