Aug. 19–22 ■ JW Marriott Austin

Drimary Contact Information

Please return your completed form to:

AASC, P.O. Box 1178, Powell, Ohio 43065, or info@servicecoordinator.org, or 614-848-5954 (fax)

| i illiary contact illiorination | |
|---------------------------------|-------|
| | |
| Namo | Phone |

Company _____ Email _____

Registration Rates

In order to receive the member rate, <u>each registrant's</u> AASC dues must be paid in full through Aug. 30, 2017.

| | Payment received by June 22 | Payment received- June 23–July 23 | Payment received July 24 and after ⁴ | Total |
|---|-----------------------------|--------------------------------------|---|-------|
| Sun–Wed Member (General Pre-Con) ¹ | \$660 x | \$785 x | \$1,015 x | \$ |
| Sun–Wed Non-Member (General Pre-Con) | \$880 x | \$1,005 x | \$1,235 x | \$ |
| Sun–Wed Member (AASC Online Software Training Pre-Con) ^{1, 2} | \$749 x | \$874 x | \$1,029 x | \$ |
| Sun-Wed Non-Member (AASC Online Software Training Pre-Con) ² | \$974 x | \$1,099 x | \$1,254 x | \$ |
| Mon–Wed Member ¹ | \$530 x | \$655 x | \$810 x | \$ |
| Mon–Wed Non-Member | \$755 x | \$880 x | \$1,035 x | \$ |
| Guest – Monday Reception (adults only) | \$80 x | \$80 x | \$80 x | \$ |
| Attendance/CEU Certificate ³ | \$35 x | \$35 x | \$35 x | \$ |

Registration cost \$ _____

Subtract Discount (see pg. 2) \$ _____ x ____

Total cost \$ _____

HUD employees – Please contact AASC at info@servicecoordinator.org.

Included in registration: all conference workshops; Monday reception with light refreshments and cash bar; continental breakfast Monday through Wednesday.

¹ Property managers receive the member rate and do not have to be a member.

² AASC Online subscribers only. Registration includes a light lunch.

³ This is optional, but if you want a record of the workshops you attended, you must purchase the Attendance/CEU Certificate.

⁴ Registrations mailed or faxed to AASC's office will be accepted until August 15. After this date, registrations must be completed as a walk-in at the conference site.

Group Discounts

| My number of registrants | Discount per registrant |
|--------------------------|-------------------------|
| ☐ 5 to 15 registrants | \$12 |
| ☐ 16 to 25 registrants | \$25 |
| ☐ 26 to 35 registrants | \$50 |
| ☐ 36 or more registrants | \$65 |

To receive the maximum group discount, all registrants should be submitted together. If one batch of registrants is submitted and another batch is added, a higher discount cannot be applied. For example, if 15 registrants are submitted, the group would receive the \$12 per registrant discount. If any additional registrants are added later, the group cannot move up to the \$25 per registrant discount. The \$12 discount would be applied to the new registrants. The \$25 discount would not be applied to new registrants or any previous registrants retroactively.

Group Payment

Please complete this registration form and submit it to AASC. AASC will contact you with the total for your group. Payment may then be remitted by check or credit card.

The federal ID number for AASC is 31-1670185

Note: Full payment is required prior to attendance. Registration will not be confirmed until payment is made. Group registrations with purchase orders are considered provisional until paid, at which point they will be confirmed. In order to receive the registration rate, payment must be received by the specified cutoff date (see page 1). If payment has not been received, registration is subject to cancellation (and individuals would need to re-register at the prevailing rate). A \$50 fee is applied to balances for returned checks.

Please add registrants on the next page.

(You may print more sheets as necessary or download an additional page here.)

Additional Information

Photo/video authorization

I hereby give my consent for AASC to use photos/video coverage of myself in future AASC promotions, including print and electronic media as well as video. I understand that AASC may take photos/video coverage of this conference and that these photos/video coverage remain the property of AASC. By registering for conference, I give my consent and acknowledge receiving this information. If I do not agree to this consent, I can contact AASC at info@servicecoordinator.org.

Cancellation, refund and substitution policy

All registration cancellations and refund requests must be made in writing by July 23, 2018. A refund of all fees, minus a \$175 administrative fee, will be given for cancellations received by that date. No refunds will be granted for requests postmarked after July 23, 2018. Submit all requests to AASC Registration via email at info@servicecoordinator.org. AASC regrets that refunds will not be given for no-shows or in the event of inclement weather or travel delays resulting in missed conference attendance time. Substitutions are accepted. A transfer of your full registration is permitted prior to the conference by submitting a written request to info@servicecoordinator.org. Onsite transfers must be accompanied by proof of the original confirmation letter. Badge sharing, splitting and reprints are strictly prohibited.

Discount codes

Limit one discount/special per registration.

Group Registration Form

Registrant Information

| Name | | | ☐ I am a first-time AASC |
|---|-------------------------------------|--|--|
| Title Work site | | conference attendee I have been a service | |
| Work site street address | | | coordinator for one year or less |
| City | State | Zip | ☐ I have a PSC designation |
| Email | | Phone _ | |
| Special accessibility requirem | ents* | | |
| ☐ I would like to volunteer a | s a workshop moderator. | Please contact me. | |
| I am an AASC member (selec | t one): 🗆 Yes 🗆 No | | |
| I am registering for (select al | l that apply): | | |
| ☐ Sun–Wed (AASC Online So | ftware Training Pre-Con) | ☐ Sun–Wed (General Pre-Con |) |
| ☐ Guest – Monday Reception | n (adults only) | ☐ Attendance/CEU Certificate | |
| *Individuals with food allergies musintroduced during a stage of produc | | hich food items to consume, as we can | not guarantee that allergens were not |
| ☐ By checking this box, I elect to NOT b | e included in the conference attend | ee list. | |
| | | | |
| Name | | | ☐ I am a first-time AASC |
| | Work site | | conference attendee |
| | | | ☐ I have been a service coordinator for one year or less |
| | | | ☐ I have a PSC designation |
| | | Zip | • |
| Email | | Phone _ | |
| Special accessibility requirem | ents* | | |
| ☐ I would like to volunteer a | s a workshop moderator. | Please contact me. | |
| I am an AASC member (selec | t one): 🗆 Yes 🗆 No | | |
| I am registering for (select al | l that apply): | | |
| ☐ Sun–Wed (AASC Online So | ftware Training Pre-Con) | ☐ Sun–Wed (General Pre-Con |) |
| ☐ Guest – Sunday Reception | (adults only) | ☐ Attendance/CEU Certificate | |
| *Individuals with food allergies musintroduced during a stage of produc | | hich food items to consume, as we can | not guarantee that allergens were not |
| ☐ By checking this box, I elect to NOT b | e included in the conference attend | ee list. | |