



# 2017 CWC/ USA AREA MEETING Registration Form



October 2, 3, & 4 2017

Registration Deadline-- Postmarked by  
September 1, 2017  
All fees are transferable but NOT refundable.  
Each person attending must register separately

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

First time Conference attendee YES \_\_\_\_\_ NO \_\_\_\_\_

Vegetarian meals requested YES \_\_\_\_\_ NO \_\_\_\_\_

Special needs request \_\_\_\_\_

**REGISTRATION FEE**-required for each person attending meeting or tours

\_\_\_\_\_ Full Time \$195.00 includes sessions & meals on Tuesday & Wednesday \$ \_\_\_\_\_

\_\_\_\_\_ Continental Breakfast, Lunch and Dinner

\_\_\_\_\_ Late Fee: Additional \$25.00 after September 1, 2017 \$ \_\_\_\_\_

**TOURS:** Spouses/ guests welcome

\_\_\_\_\_ **Monday Oct. 2, 2017** all day (includes lunch) choose 1 **SRC** or **HB** \$75.00 \$ \_\_\_\_\_

\_\_\_\_\_ **Tuesday Oct. 3, 2017** Spouse/Guest Tour \$ 40.00 \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**Check payable to:** AHCL

**Mail to:** Debbie O'Neal  
221 Clarence Brockway Rd.  
New Hope, AL 35760

**E-mail confirmation** YES \_\_\_\_\_ NO \_\_\_\_\_

Please include me in the list of all attendees: YES \_\_\_\_\_ NO \_\_\_\_\_

I would like a list of attendees: YES \_\_\_\_\_ NO \_\_\_\_\_

Choose one for Monday Tour SRC Space and Rocket Center or Huntsville Botanical Garden