

**Association of County/City Information Systems  
Conference Registration Form  
Red Lion Hotel at the Park, Spokane, Washington  
Conference April 23-25, 2009**

**ROOM RESERVATIONS:**

For room reservations please contact Red Lion Hotel at the Park at 509-326-8000 • [Red Lion Hotel at the Park](#) • W. 303 North River Drive • Spokane, WA 99201. Make your room reservations at least 30 days in advance.

**CONFERENCE FEES** (includes one dinner, one lunch, and two breakfasts)

Vendors and Non-Members: \$350.00 per person by 4/10/09 (\$450.00 after 4/10/09)

**CANCELLATION POLICY** No refunds will be issued 10 days prior to the conference (however substitutions will be accepted), and cancellation requests prior to the 10 day cut off will be refunded the amount paid minus \$100.00 for administration fees. Any meals paid for using a personal credit card will be reimbursed by check minus credit card processing fees. *Reminder: Hotel cancellations are the responsibility of the individual and are subject to the cancellation policies of the hotel.*

**GUESTS - MEALS ONLY**

Dinner Buffet (Wednesday evening)	\$ 35.00 per guest per meal
Lunch Buffet (Thursday afternoon)	\$ 25.00 per guest per meal
Breakfast Buffet (Thursday & Friday morning)	\$ 20.00 per guest per meal

**Organization Name:** \_\_\_\_\_

**List persons registering for the conference:**

Name	Phone #	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Guest Names (Please check meals requested):**

_____	Wed Dinner___	Thu Breakfast ___	Thu Lunch ___	Fri Breakfast ___
_____	Wed Dinner___	Thu Breakfast ___	Thu Lunch ___	Fri Breakfast ___

			<u>After 4/10/09</u>		
Number of Vendors attending (incl. meals)	_____ X	\$ 350.00	\$ 450.00	=	_____
Number of add'l guest/Spouse dinners:	_____ X	\$ 35.00	\$ 45.00	=	_____
Number of add'l guest/Spouse lunches:	_____ X	\$ 25.00	\$ 35.00	=	_____
Number of add'l guest/Spouse breakfasts:	_____ X	\$ 20.00	\$ 30.00	=	_____

**Total Conference Fees Due** (cancellations will be subject to a \$100.00 cancellation fee) = \_\_\_\_\_

Fax or Mail completed forms with payment to:

**ACCIS**  
c/o Paul Haugan  
19100 44<sup>th</sup> Ave W  
Lynn wood, WA 98036  
Ph: 425.670.5956  
Fax 425.771.6144

**Registration forms MUST be postmarked by April 10<sup>th</sup> otherwise the higher conference fee will be charged. NO EXCEPTIONS**

Form of payment

Check \_\_\_\_\_

**If an invoice is required**, please provide an e-mail address for receiving the invoice:

*Internal Use*  
Date Rcv'd: \_\_\_\_\_  
Date CC Processed: \_\_\_\_\_

NOTE: ACCIS Federal ID#91-1373839