



2009 Registration Form August 20-21, 2009

Please return completed forms to USApple by Monday, August 3

Full Name _____ Name for badge _____
 Title _____
 Company _____
 Address _____
 City, State, Postal Code _____ Country _____
 Telephone _____ Fax _____ E-mail _____

	Subtotal for item:
Full conference registration – \$100 off the on-site registration (includes admission to Thursday August 20 evening reception): <input type="checkbox"/> USApple Member \$595 <input type="checkbox"/> Non-member \$795	\$
Evening Reception Guest (Thursday, August 20): Only available to guests of a conference attendee. Guest Names: _____ <input type="checkbox"/> Guest of member conference attendee \$85 <input type="checkbox"/> Guest of non-member conference attendee \$150	\$
Proceedings Available on CD or Paper (distributed 3-4 weeks after conference): <input type="checkbox"/> U.S., Canada, Mexico shipping addresses Number of CD copies \$100 each _____ Number of paper copies \$125 each _____ <input type="checkbox"/> Other shipping addresses Number of CD copies \$125 each _____ Number of paper copies \$150 each _____	\$
Copies of <i>Production & Utilization Analysis</i> statistical book (one copy included in registration fee): <input type="checkbox"/> USApple Member \$150 each Number of copies _____ <input type="checkbox"/> Non-member \$300 each Number of copies _____	\$
USApplePAC Friday morning (August 21) support breakfast -- \$200 PAC Donation Note: federal regulations state that only U.S. residents and green card holders can contribute to USApplePAC. Donations for this event <i>must be on a personal (non-corporate) credit card or check.</i> Tickets to this event will also be available on-site.	\$
TOTAL PAYMENT DUE:	\$

Payment enclosed, in U.S. funds, and drawn on a U.S. bank, payable to "U.S. Apple Association"
 Pay by credit card: American Express Visa Master Card Discover
 Card # _____ Exp. Date (MM/YY) ____/____
 Billing Address (if different from above address:) _____
 _____ Billing Telephone _____

Name on card _____ Cardholder Signature _____

Check here if you need special assistance to fully participate, and attach a written description of your needs.
Cancellation/substitution policy: USApple will provide a full refund if we receive your cancellation request in writing by July 17. Between July 18 and August 3, a \$100 processing fee will be deducted. No refunds will be provided after August 4. In the event you find you are not able to attend, an alternate company representative can be substituted at no additional cost if you provide written notification to USApple by August 4.

Return completed form to the U.S. Apple Association:
 ■ Paying by check? Mail to USApple, 8233 Old Courthouse Road, Suite 200, Vienna, VA 22182-3816 USA
 ■ Paying by credit card? Fax to: (703) 790-0845
 ■ Questions? Visit www.usapple.org or call (703) 442-8850

<i>For office use only:</i>	
Ck# _____	Amt. _____
CC Auth: _____	
Entered: _____	By: _____