



ASA's 2017 INTERNATIONAL APPRAISERS CONFERENCE
OCTOBER 7-10, 2017 | HILTON AMERICAS-HOUSTON

REGISTRANT INFORMATION

First Name _____ Last Name _____

Nickname *(for name badge)* _____ ASA ID # _____

Member Type *(check one)* FASA ASA AM Candidate Applicant Member

Company Name _____

Job Title _____

Address _____

City _____ State / Province _____

Zip / Postal Code _____ Country _____

Phone _____ Email _____

Discipline Program Preference *(check which discipline educational program you will be attending)*

Appraisal Review & Mgmt. Gems & Jewelry Machinery & Technical Spec. Personal Property Real Property

Dietary Restrictions *(food allergies and/or religious requirements)*

Check here if you require special accommodations. An ASA representative will contact you.

REGISTRATION FEES

	Member	Non-Member
Early Bird <i>(through May 5)</i>	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,000
Regular <i>(through October 4)</i>	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,050
On-Site	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,150

Discount/Campaign Code _____

ASA Student Member Registration	Sunday, October 8 <input type="checkbox"/> \$99	Monday, October 9 <input type="checkbox"/> \$99	Tuesday, October 10 <input type="checkbox"/> \$49
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SPECIAL EVENTS

(Please check the events you are planning to attend. These are included with full conference registration.)

- Welcome Reception (Saturday)
- President's Networking Reception (Sunday)
- Women's Networking Reception (Monday)

GUEST REGISTRATION

- Full Guest Rate (Breakfast, Breaks, Lunch (Sunday only), Receptions): \$250
- Saturday Welcome Reception: \$40
- Sunday President's Networking Reception: \$50
- Welcome to Houston Breakfast for Spouses/Guests: *No charge*

Guest Name: _____

PAYMENT

(all fees must be paid in U.S. funds drawn from U.S. banks)

Amount Due \$ _____ (checks payable to ASA)

Please bill my credit card: AMEX MC VISA

Cardholder's Name (as it appears on card): _____

Card Number: _____

Expiration Date: _____ CCV: _____

Signature: _____ Date: _____

Billing Address (if different from above):

Address _____

City _____ State / Province _____ Zip / Postal Code _____

SUBMIT

Email Completed Form to asainfo@appraisers.org

Fax Completed Form to 703-742-8471

Mail Completed Form to:

ASA

11107 Sunset Hills Rd., Ste. 310

Reston, VA 20190