

Registration Form, ACA, New England
Independent Schools Auxiliary & Summer Programs Workshop, 3.27.19
(one person per form)

Registration Fees:	1 st person from your school/program:	ACA Member Fee: \$40 Non-Member Fee: \$50
	Additional people from your school/program:	ACA Member Fee: \$30 Non-Member Fee: \$35

Registration Information:

Name: _____ E-mail Address: _____
Daytime Phone: _____ Evening Phone: _____
Camp/School/Organization Name & Address: _____
Street: _____ City: _____ State: _____ Zip Code: _____
ACA Number: _____

Payment Information:

TOTAL: \$ _____ **Total Payment Enclosed/To Charge:** _____
Check #: _____ **Credit Card Type:** VISA, MASTERCARD, AMEX, DISCOVER
Name on card _____
Credit Card Number _____
Expiration Date (MM/YY) _____ **Security Code** _____
Billing Address _____
Emergency Contact: _____ **Phone Number:** _____

ACA New England, 80 Westview Street, Lexington, MA 02421
Fax (781) 541.6084

** Registrations are non-refundable, but may be transferred to another individual from your camp or organization by contacting ACA New England**