



2012 AAHGS CONFERENCE REGISTRATION FORM

October 4 – 7, 2012 ♦ Greensboro, North Carolina

**Mail with payment to AAHGS, PO Box 73067, Washington, DC 20056-3067
You may register by Fax if using a credit card: (202) 723-0606**

Please use one registration form for each person. This form may be duplicated. Please print name as it should appear on badge.

LAST NAME (PLEASE PRINT) _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EVENING PHONE NUMBER _____ AAHGS MEMBERSHIP NUMBER _____

EMAIL _____

SURNAMES BEING RESEARCHED
(INCLUDE NAME, COUNTY, STATE) [LIMIT 3 NAMES]

MEMBERSHIP

Individual (\$35/year)

Organization (\$45/year)

Family (\$40/year)

Lifetime (\$1000)

I do not want my name, address, or email printed in the directory of conference participants.

I do not want my telephone number printed in the directory of surnames.

I am attending my first AAHGS conference.

Join AAHGS right now and take advantage of the lower Conference fees for members.

Full Conference Registration Fees:

	With Meals		No Meals	
	On/Before 17 Sep	After 17 Sep	On/Before 17 Sep	After 17 Sep
Member:	\$250	\$300	\$175	\$200
Non-Member:	\$300	\$350	\$250	\$275
Lifetime Member:	\$225			
Youth (age 12-23):	\$150			

College students, ID required

Full Conference Registration: (Includes Thursday evening reception, Friday and Saturday Authors Luncheon, Friday Sharing Dinner and Saturday Banquet) The Embassy Suites provides a Complimentary Full-Cooked-to Order Breakfast Daily.

Meal Selections (when not included in registration)

[please check each meal selection]

___ Reception	\$25	___ Saturday Luncheon	\$40
___ Breakfast	Free	___ Saturday Banquet	\$60
___ Friday Luncheon	\$40		
___ Friday Sharing Dinner	\$45		

Single Day Registration Fees:

Check day: ___ FRI. ___ SAT.

	With Meals		No Meals	
	On/Before 17 Sep	After 17 Sep	On/Before 17 Sep	After 17 Sep
Member:	\$150	\$175	\$75	\$100
Non-Member:	\$175	\$200	\$125	\$125

Fees and Payment Information

Registration Fee \$ _____

Meal Selection Total \$ _____

Single Day Registration Only \$ _____

Membership Fee \$ _____

Total Fees \$ _____

Method of Payment: Check Money Order Visa MasterCard American Express

Name (as it appears on credit card): _____

Credit Card Number: _____ Exp. Date: _____

Signature (required): _____

Cancellation Policy

All cancellations must be in writing and postmarked no later than 1 September 2012. All cancellations will be subject to a \$50.00 processing fee.

Please check if you have a disability or condition that requires special accommodations or services to fully participate in this conference. AAHGS staff will contact you to discuss your specific needs.