

2012 SECTION MEETING – 3 (ALBANY)
REGISTRATION FORM FOR AYSO "SUBSIDIZED" STAFF

Please complete and return this form to the Events Department or register online at www.eAYSO.org **by January 27, 2012**. If you choose to utilize the online registration system it is not necessary for you to mail or fax your registration form to the National Office. **Reservations will not be accepted over the phone.** Forms may be mailed or faxed.

Our fax number is (310) 525-1157. Fax must include credit card information.

MEETING REGISTRATION (Mandatory)

Section: _____ Area: _____ Years of Volunteer Service: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: () _____ Bus. #: () _____

E-mail: _____

Please Indicate Your Position (choose only one):	
<input type="checkbox"/>	National Board of Director
<input type="checkbox"/>	Section Director
<input type="checkbox"/>	Section Coach Admin
<input type="checkbox"/>	Section Coach Trainer
<input type="checkbox"/>	Section Referee Admin
<input type="checkbox"/>	Section Dir of Referee Instruction
<input type="checkbox"/>	Section Dir of Referee Assessment
<input type="checkbox"/>	Section Management Admin
<input type="checkbox"/>	Section eAYSO Administrator
<input type="checkbox"/>	Section Developer
<input type="checkbox"/>	Section Auditor
<input type="checkbox"/>	Section Meeting Vol/Reg Coordinator
<input type="checkbox"/>	Area Director
<input type="checkbox"/>	Area Coach Admin
<input type="checkbox"/>	Area Referee Admin
<input type="checkbox"/>	Area Management Admin

HOTEL ACCOMMODATIONS (optional)

Meeting Dates: **March 9-11, 2012**

Hotel accommodations needed? No Yes

Accommodations are provided for "subsidized" attendees on a shared basis for Friday and Saturday night. If you prefer a single room for yourself, please include payment for half of the room charge (both nights) with this form. For all other additional nights, you will be charged the full room charge. **Hotel: \$113.00 inclusive of tax.**

Date of arrival: _____ Date of departure: _____

Check one: I prefer to share a room with another "subsidized" volunteer at no cost to me (**only from list above**).
 My roommate preference is _____
 Please find me a roommate.

I prefer a single room for myself. I am including payment for half of the room (Saturday night) and the full rate for any additional nights.
 King size bed Two double beds

Payment enclosed is for the following:

- Single room/one night @ **\$56.50**
- Single room/two nights @ **\$113.00**
- Additional nights @ **\$113.00** each for _____ nights

METHOD OF PAYMENT (if applicable)

Check payment: Check # _____ in the amount of \$ _____.

Credit card payment: Visa MasterCard American Express Discover

Card # _____ CCV2/CVS# _____ Exp. date _____

Billing Address _____

City, State, Zip _____ Signature _____

Send to the Events Department at 19750 S. Vermont Ave. Suite 200 Torrance, CA 90502 by: **January 27, 2012**

For National Office use only: Check #	Check date	Amt. \$	Date rec'd.
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