



2009 Annual Conference Registration Form

1. Please type or print legibly (copy this form for additional registrations)

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

2. Registration Information (\$ indicates discount for 2nd and 3rd persons registered from same member company)

Category	Package Includes	by June 30	On Site
2 Day Pass	Sessions, meals, reception ticket	\$275 \$225/\$175	\$325
1 Day Pass	Sessions, EACA reception ticket	\$150 \$125/\$100	\$175
Reception	11 th Annual Celebration	\$45	\$65
Speaker	Sessions, meals, , reception	\$75/day	\$100/day
Sponsor	Presenting - see sponsor resv. form	\$2500	NA
	Platinum - see sponsor resv. form	\$1750	NA
	Gold - see sponsor resv. form	\$1000	NA
	Silver – see sponsor reserv. form	\$650	NA
	Bronze – see sponsor resv. Form	\$350	NA

3. Circle Your Payment Method (Full payment Must Accompany this Form)

Check enclosed Visa AMEX Master Card Discover

Total amount enclosed \$ _____

Card # _____ Exp.Date _____

Name on Card _____ Signature _____

4. Fax or Mail to:

EACA 2214 NW 5th St., Bend, OR 97701 T. 541-317-8768 F. 541-317-8749