



REGISTRATION FORM

MONDAY*, MARCH 11TH - THURSDAY, MARCH 14TH, 2019

*Monday is a Pre-Conference Day

FEES GO UP AFTER FEBRUARY 1ST, 2019

Please complete BOTH sides of this form!

One form per camp.

NAME OF CAMP: _____

SUMMER LOCATION CITY: _____

STATE: _____

WINTER ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

WINTER TELEPHONE: _____

EMAIL: _____

POINT OF CONTACT (for conference related correspondence): _____

CAMP REGISTRATION FEES

Fee admits up to 5 people. Additional staff may be admitted for \$50 per person. All registrants associated with your Conference Registration MUST be directly affiliated with your camp. Organizations that own multiple camps must register each camp separately.

* All first time Not-for-profit camps MUST enclose a copy of their IRS determination letter proving their Not-for-profit status.

	BY OR ON 2/1/19		AFTER 2/1/19	
	NFP*	PRIVATE	NFP*	PRIVATE
ACA AFFILIATE CAMP (includes 5 people) (camp # _____)	\$449	\$549	\$599	\$649
NON AFFILIATE CAMP (includes 5 people)	\$699	\$799	\$815	\$899
CAMPS 1ST-TIME ATTENDING TRI-STATE				
ACA Affiliate Camp (includes 5 people) (camp # _____)	\$399	\$449	\$475	\$549
Non-affiliate Camp (includes 5 people)	\$515	\$599	\$715	\$815
INDIVIDUAL REGISTRANT				
ACA Member (membership # required _____)	\$399 per person		\$450 per person	
Non-member	\$475 per person		\$525 per person	
CAMP INDUSTRY CONSULTANTS, BROKERS, & REFERRAL SERVICES (Includes 5 people) (\$100 per person over the initial 5 attendees)	\$1225 per person		\$1445 per person	

MONDAY SPECIALIZED WORKSHOPS

EPIC (Emerging Professionals in Camping) Workshop (11:00 am – 5:00 pm) – Includes lunch	\$75 per person
ACA New Directors Orientation (8:30 am – 4:30 pm) – Includes a light Breakfast and Lunch	\$125 per person
Independent School Workshop (1:00 – 5:00 pm)	\$35 per person
Independent School Dinner *\$75 total for both WS & Dinner	\$40 per person*
Special Needs Workshop (1:00 – 4:00 pm)	\$25 per person
Training for Trainers: Hands-On Workshop for Creating Trainings that Inform and Inspire (1:00 – 5:00 pm)	\$49 per person

DINNER / SOCIAL EVENTS

Monday • Dinner at Cuba Libre (Tropicana)	\$40 per person
Tuesday • Dinner at Carmines (at The Quarter in The Tropicana Hotel)	\$40 per person
Wednesday Night Social • Sheraton 2nd floor	\$20 per person

VETERANS OF CAMP EXPERIENCE – VOCE (person's name: _____)

Tuesday Lunch	\$75 per person
Wednesday Lunch	\$75 per person

6TH ANNUAL 5K *registration fee donated to EPIC Cares4 SCOPE \$10 per person

OVER

NAME OF CAMP: _____

SUMMER LOCATION CITY: _____

STATE: _____

PLEASE CHECK OFF THE EVENTS FOR EACH INDIVIDUAL ATTENDEE

Full Name (included in registration fee)	Attendee E-mail (Mandatory, please include!)	WORKSHOPS						VOCE \$75 per day	6TH Annual 5K \$10 pp	DINNERS		
		EPIC \$75 pp	NEW Directors \$125pp	Independent School \$35 pp \$75 with dinner	Special Needs \$25pp	Training the Trainer \$49pp	Mon. \$40 pp			Tues. \$40 pp	Wed. \$20pp	
1.												
2.												
3.												
4.												
5.												

Additional Attendees (\$50 per person)	Attendee E-mail (Mandatory, please include!)	WORKSHOPS						VOCE \$75 per day	6TH Annual 5K \$10 pp	DINNERS		
		EPIC \$75 pp	NEW Directors \$125pp	Independent School \$35 pp \$75 with dinner	Special Needs \$25pp	Training the Trainer \$49pp	Mon. \$40 pp			Tues. \$40 pp	Wed. \$20pp	
6.												
7.												
8.												
9.												
10.												

TOTAL (Additional Attendees): _____

TOTAL (Additional Fees): _____

» Please check here if any of the above attendees has a disability and may require special accommodations: (someone will contact you) YES NO NAME: _____

» If you or any staff member wish to volunteer for Tri-State, please check here: (someone will contact you) YES NO NAME: _____
EMAIL: _____

» OPT OUT: Check here if you do NOT want your information shared with Tri-State exhibitors.

REGISTRATION FEE (from reverse side)	\$ _____
ADDITIONAL ATTENDEES \$50.00 per person =	\$ _____
ADDITIONAL FEES (Workshops and Ticketed Dinners)	\$ _____
TOTAL ENCLOSED	\$ _____

» **IF PAYING BY CREDIT CARD**, please complete the information below and fax to 866-553-9264 or scan and email to tristate@acanynj.org.

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____ CVV CODE: _____ EXP. DATE: _____

NAME AS IT APPEARS ON THE CREDIT CARD (print): _____

SIGNATURE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ "SAME AS WINTER ADDRESS"

» **IF PAYING BY CHECK**, please make checks payable to "ACA, New York and New Jersey." and return with this completed form, to:
AMERICAN CAMP ASSOCIATION, NEW YORK AND NEW JERSEY, 108 WEST 39TH STREET, 15TH FLOOR NEW YORK, NY 10018

All cancellations must be received in writing and sent to ACA-NY and NJ at the address or fax number on this form by February 2nd, 2019. Cancellations received by February 2nd will be refunded minus a \$150 administrative fee. Cancellations received after February 2nd will not be refunded.

If you have questions, please call the office at (212) 391-5208.

Visit the **WEBSITE FOR UP-TO-DATE CONFERENCE INFORMATION AT www.tristatecampconference.com**

To help offset conference costs, a small portion of your hotel rate will be rebated to the Tri-State Camp Conference.