



REGISTRATION FORM

MONDAY, MARCH 11–THURSDAY, MARCH 14, 2024

*Monday is a Pre-Conference Day

FEES GO UP AFTER FEBRUARY 2nd, 2024

Please complete BOTH sides of this form!

One form per camp

NAME OF CAMP:

SUMMER LOCATION CITY:

STATE:

WINTER/OFFICE 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 \$75 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 2/2/24		AFTER 2 /2/24	
	NFP*	PRIVATE	NFP*	PRIVATE
ACA AFFILIATE CAMP (includes 5 people) (camp #)	\$489	\$589	\$625	\$705
NON-AFFILIATE CAMP (includes 5 people)	\$725	\$829	\$859	\$935
INDIVIDUAL REGISTRANT ACA				
Member (membership # required) _____	\$429 per person		\$485 per person	
Non-member	\$510 per person		\$559 per person	
CAMP INDUSTRY CONSULTANTS, BROKERS, & REFERRAL SERVICES* (Includes 5 people) (\$100 per person over the initial 5 attendees)	\$1,275		\$1,500	

*This rate doesn't entitle you to sell your services to attendees. If you want to sell, you must become an exhibitor by contacting samara@acanynj.org

Full Name

(5 included in camp reg fee, \$75 per additional)

Attendee Email

(Mandatory – please include!)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PAYMENT AND ADDITIONAL INFO

» I have read and acknowledged the ACA Conference Registration Policy at <https://www.acanynj.org/tri-state-camp-conference/registration-policies-and-important-info>

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

» 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)	\$ _____
\$75.00 per person =	\$ _____
TOTAL ENCLOSED	\$ _____

» IF PAYING BY CREDIT CARD, please complete the information below and scan and email to info@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: _____

» 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, 121 WEST 36TH STREET, SUITE 422 NEW YORK, NY 10018

Please contact us to add-on additional attendees, pre-conference workshops, and events. Registration fees for these can be found on our website and do not change after early bird.

All cancellations must be received in writing and sent to ACA, NY and NJ at the address above or emailed to samara@acanynj.org by February 9th, 2024. Cancellations received by February 11th will be refunded minus a \$150 administrative fee. Cancellations received after February 9th will not be refunded.

If you have questions, please call the office at (212) 391- 5208 or contact us at info@acanynj.org.
Visit our website for UP-TO-DATE CONFERENCE INFORMATION at www.tristatecampconference.com

Follow Tri-State CAMP Conference on Facebook.

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