

2008 AAR ANNUAL MEETING SECONDARY SCHOOL TEACHER REGISTRATION

November 1-3 • Chicago, IL • Deadline: October 15

➤ **IMPORTANT: Remember to submit your housing form along with this registration form.**

Last Name _____ First Name _____
(as you would like it to appear on name badge)

Institution (for name badge) _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

E-mail _____ Home Phone _____ Work Phone _____

REGISTRATION FEE:

Special Secondary School Teacher Discount Rate\$70

You must be registered for the *New Developments in Religious Studies: Keeping Ourselves Current* conference to receive this discounted rate.



Check here if you are physically challenged and require special assistance to participate fully. Attach a written description of your needs.

TAX-DEDUCTIBLE CONTRIBUTIONS:

Tax-deductible contributions are used for the specified programs of the associations.

AAR: \$100 \$50 \$25 Other _____

FORM OF PAYMENT (choose one):

Charge a total of \$ _____

Visa MasterCard American Express Discover

Card # _____

Card Expiration Date (mm/yy) ____ / ____

Signature (required) _____

My check is enclosed in the amount of \$ _____

Make payable to "AAR Annual Meeting." U.S. funds drawn on U.S. bank or Canadian U.S. dollar account.

I do NOT require housing.

DUE OCTOBER 15

MAIL FORM TO:

AAR Annual Meeting Registration and Housing
c/o Experient Registration and Housing Bureau
2451 Enterprise Parkway East, Twinsburg, OH 44087

FAX FORM TO: 1-330-963-0319

Credit card payments only!

Note: If you fax the registration form, do not mail the original.

QUESTIONS ONLY: *After May 15!*

Voice: 1-800-575-7185 (U.S. & Canada)
1-330-425-9330 (outside U.S. & Canada)

E-mail: aarreg@experient-inc.com

Keep a copy of this form for your records. Please allow 10 business days for processing before contacting us to confirm receipt.

Refund Policy: All refunds must be requested in writing by November 5, 2008. If you have received your name badge and tote bag ticket, return these with your request. A \$25 administrative fee will be assessed per registration. No refunds will be given on the reduced student, retired member, and spouse fees. Refunds will be processed after the meeting and will be issued by December 31, 2008. Proof of payment may be required. Registrations cannot be switched to another person's name. All cancellations for housing reservations must be sent in writing (mail, fax, or e-mail) to the Experient Registration and Housing Bureau.

2008 AAR ANNUAL MEETING HOUSING FORM SECONDARY SCHOOL TEACHER REGISTRATION

November 1-3 • Chicago, IL

Special rates apply through October 25

➤ **IMPORTANT:** *This form must be submitted with your registration form.*

TO MAKE RESERVATIONS:

FAX: 1-330-963-0319 (registration form + housing form)

- Faxing available 24 hours a day.
- Please print or type all information to assure accuracy.
- Complete EACH section in detail for correct and rapid processing.
- Confirmations will be mailed to the individual indicated.
- Use one form for each room requested.
- Do not fax form more than once.
- AAR and SBL are not responsible for faxes not received.

CALL: *Only after May 15!*

1-800-575-7185 (U.S. & Canada)

1-330-425-9330 (outside U.S. & Canada)

E-mail: aarreg@experient-inc.com

METHOD OF GUARANTEE:

The first night of your reservation must be guaranteed. To guarantee your room by credit card, complete the information below:

Credit card: Visa MasterCard
 Amex Discover

Credit Card Number: _____

Exp. Date (mm/yy): _____

Cardholder's Name: _____

Cardholder's Signature: _____

We strongly recommend that you use a credit card to guarantee your reservation. Those not securing a reservation with a credit card will be advised at a later date when and where to send a check.

CANCELLATION POLICY:

All hotel accommodations questions, changes, and cancellations should be directed to the Experient Registration and Housing Bureau throughout the meeting year. Note that cancellations must be received in writing (mail, fax, or e-mail) at least 72 hours prior to arrival date for a refund of your deposit.

SEND CONFIRMATION TO:

Last Name _____

First Name _____

E-mail _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ Fax _____

HOTEL INFORMATION:

Select four hotels of your choice to facilitate processing of your request. See map and hotel list for rates and locations. You will be placed in the first available hotel of your choice.

1. _____

2. _____

3. _____

4. _____

Adult occupants: _____ # Beds required: 1 or 2 (circle one)

Non-Smoking Smoking

Names of all occupants including self:

1. _____

2. _____

3. _____

4. _____

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Special Room Requests:

1 bedroom suite *or* 2 bedroom suite (Suite rates will apply.)

Physically Challenged Accommodations



(Must include a note describing the nature of your physical limitations so appropriate accommodations can be provided.)

Other Special Requests: _____

