

SYMPOSIUM FOR CHIEF STAFF & CHIEF ELECTED OFFICERS (CEO Symposium)



Contact The Member Service Center:

202-371-0940 in Washington, DC

888-950-2723

202-371-8315 fax

Indicate the program you would like to register for:

- November 18-19, 2010/ Four Seasons Hotel, Washington, DC
- January 10-11, 2011/ Doral Golf Resort & Spa, Miami, FL
- January 13-14, 2011/ Doral Golf Resort & Spa, Miami, FL
- February 7-8, 2011/ Loews Coronado Bay, San Diego, CA
- April 14-15, 2011/ Fairmont Chicago, Chicago, IL
- June 23-24, 2011/ Four Seasons Hotel, Washington, DC

Please complete and fax to:
202-371-8315

1. Registration Information — Chief Staff Officer

You must register a volunteer leader to attend this program

MEMBER NUMBER _____

NAME _____

CAE NAME AS IT SHOULD APPEAR ON BADGE _____

TITLE _____

ORGANIZATION/FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

NAME AND PHONE IN CASE OF EMERGENCY _____

2. Registration Information — 1st Volunteer Leader

*as it should appear on roster

NAME _____

CAE NAME AS IT SHOULD APPEAR ON BADGE _____

TITLE _____

ORGANIZATION/FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

NAME AND PHONE IN CASE OF EMERGENCY _____

3. Registration Information — 2nd Volunteer Leader

As it should appear on roster

NAME _____

CAE NAME AS IT SHOULD APPEAR ON BADGE _____

TITLE _____

ORGANIZATION/FIRM _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

E-MAIL _____

NAME AND PHONE IN CASE OF EMERGENCY _____

Please note: The information provided above will be directly reflected on the attendee roster.

Please copy form to register additional attendees.

If you require special accommodations to fully participate, please attach a written description of your needs.

4. Tuition

Chief Staff Officer *Includes complimentary one-year membership to ASAE & The Center.

\$845 Member \$1045 Nonmember*

1st Volunteer \$845

2nd Volunteer \$845

5. Payment

Check enclosed (Please make payable to The Center for Association Leadership in U.S. funds only.)

American Express

MasterCard/Visa

Discover

AMOUNT \$ _____

ACCOUNT # _____ EXPIRATION _____

CARDHOLDER NAME _____

SIGNATURE _____

CREDIT CARD BILLING ADDRESS _____

CITY, STATE, ZIP CODE _____

REGISTER BY MAIL: Please allow 2 weeks for check processing.

Mail form with payment by check to: The Center for Association Leadership
c/o Wachovia Bank
P.O. Box 75119
Baltimore, MD 21275