# 17th Annual Fall Conference
# October 16-18, 2005
# Hot Springs Convention Center, Hot Springs, Arkansas

## CONFERENCE REGISTRATION

**REGISTRANT INFORMATION** (Please print or type.)

☐ attending entire conference ☐ attending awards dinner only
☐ attending one day only ☐ attending awards brunch only

First Name Last Name

Name To Appear on Badge

Institution

Street Address

City, State, Zip Code

Phone Fax

E-Mail Address

REGISTRATION FEE INCLUDES conference materials, admission to all sessions, refreshment breaks, the Sunday Reception, Continental Breakfast, Exhibitor Appreciation Reception, one ticket to the Awards Dinner, and one ticket to the AATYC Awards Brunch. The industry tours require pre-registration.

The Academic All-Star and the Outstanding Alumni Award Recipients from each college will receive a complimentary ticket to the AATYC Awards Brunch. The tickets may be picked up outside Horner Hall before the brunch.

Additional tickets for guests to the AATYC Awards Brunch or the Awards Dinner may be purchased by completing the Additional Ticket section on this form. **Extra meal tickets must be purchased in advance and will not be available at the door.**

**RESERVATIONS for INDUSTRY TOURS**

Tours will be on Monday, October 17, 2005.
Space is limited, so early registration is encouraged.
NO CHARGE

☐ Hot Springs Rehabilitation Center, 12-3 p.m.
☐ Garvan Woodland Gardens, 1-3 p.m.

**REGISTRATION CATEGORIES AND FEES**

***(CHECK OR P.O. MUST ACCOMPANY REGISTRATION)***

**PLEASE CHECK A CATEGORY:**

| | |
|---|---|
| ☐ Member | $125 |
| ☐ Non-Member | $200 |
| ☐ Associate Member | $175 |
| ☐ Student | $ 60 |
| ☐ Monday Meetings (day events only - no meals) | $ 75 |
| ☐ Sessions for Trustees (1-day registration) | $ 75 |

**For on-site registration, add $25 to the above fees.**

**ADDITIONAL TICKETS:**

☐ Tickets to Awards Dinner honoring outstanding faculty and staff **$30 per person**

_____**Number of tickets requested.**

☐ Tickets to the AATYC Awards Brunch honoring Academic All-Stars and Outstanding Alumni of Arkansas' Two-Year Colleges **$24 per person**

_____**Number of tickets requested.**

NOTE: If you are sending a personal check, please attach a copy of the registration form.

**CHECK ONE PAYMENT TYPE:**

☐ P.O. Number _____
☐ Check - Make checks payable to:
**Arkansas Association of Two-Year Colleges**

**SUBMIT REGISTRATION FORMS BY SEPT. 30, 2005, TO**
**Arkansas Association of Two-Year Colleges**
**114 E. Capitol, Little Rock, AR 72201**
**FAX (501) 371-2084**
**PHONE (501) 371-2014**

Full refunds with cancellation until September 30, 2005.
**No refunds after September 30, 2005.**

If you will need accommodations because of a disability, please make the request to AATYC by September 30, 2005.

**HOTEL RESERVATIONS**

Hotel reservations must be made by September 15, 2005, to receive the conference rate. Phone 501-623-6600 or 1-877-623-6697 for the Austin Hotel, 501-624-9200 for Embassy Suites or 501-623-7771 for the Arlington Hotel. A limited number of rooms are available so make reservations as soon as possible. Be sure to ask for the AATYC conference rate, $75 plus tax (single or double occupancy) at the Austin Hotel, $99 single/$109 double plus tax at the Embassy Suites, and $73 (single or double) at the Arlington Hotel. The Austin Hotel and the Embassy Suites are located next to the Convention Center. No transportation will be provided from the hotels.

**Release & Waiver of Liability:** In consideration of my participation in the AATYC 17th Annual Conference 2005, I do hereby release, discharge, and hold harmless AATYC, its members, officers, directors, and employees from any and all liability by reason of any damage, lost expenses or injury arising from my participation in this event, including that caused solely or in part by the fault (including but not limited to negligence, gross negligence and recklessness) of the above-named parties. The Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assign.

SIGNATURE PRINT NAME DATE