ACPA 64TH Annual Meeting  
REGISTRATION FORM -- Please Print Neatly or Type

FULL NAME (to appear on badge)
_________________________________________________________________________________________

FIRST NAME or NICKNAME (to appear on badge)_________________________________________________

DEGREES_________________________________________________________________________________

DISCIPLINE________________________________________________________________________________

ADDRESS_________________________________________________________________________________

CITY_____________________________________ STATE/PROV. ___________________________________

ZIP/POSTAL______________ COUNTRY____________  DAYTIME PHONE (______)_______________  FAX (______)__________________

EMAIL ADDRESS_________________________________________________________________________________

ANNUAL MEETING: April 25-28, 2007

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>o ACPA MEMBER (includes social events)</td>
<td>$375</td>
</tr>
<tr>
<td>o NON-MEMBER1 (includes social events)</td>
<td>$525</td>
</tr>
<tr>
<td>o STUDENT/RESIDENT MEMBER1</td>
<td>$50</td>
</tr>
<tr>
<td>o STUDENT/RESIDENT NON-MEMBER1</td>
<td>$200</td>
</tr>
<tr>
<td>o LIFE MEMBER (social events are not included)</td>
<td>FREE</td>
</tr>
</tbody>
</table>

PRE-CONFERENCE SYMPOSIUM I: April 23-24, 2007

The Childhood Years: The Inter-Face and Inner-Facts of Management

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>o ACPA MEMBER (INCLUDING LIFE)</td>
<td>$175</td>
</tr>
<tr>
<td>o NON-MEMBER1</td>
<td>$225</td>
</tr>
<tr>
<td>o STUDENT/RESIDENT MEMBER</td>
<td>$75</td>
</tr>
<tr>
<td>o STUDENT/RESIDENT NON-MEMBER</td>
<td>$125</td>
</tr>
</tbody>
</table>

PRE-CONFERENCE SYMPOSIUM II: April 24, 2007

Nuts & Bolts for Nurses/Coordinators (Sponsored by The Cleft Palate Foundation)

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>o WITH ANNUAL MEETING REGISTRATION (Lunch included)</td>
<td>$25</td>
</tr>
<tr>
<td>o WITHOUT ANNUAL MEETING REGISTRATION (Lunch included)</td>
<td>$40</td>
</tr>
</tbody>
</table>

STUDY SESSIONS: April 26, 2007

GROUP I (A-H): INDICATE ONE COURSE IN GROUP I

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 – 4:00 PM</td>
<td>A-H_________  2ND CHOICE________</td>
<td>$35</td>
</tr>
</tbody>
</table>

GROUP II (I-P): INDICATE ONE COURSE IN GROUP II

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 – 6:00 PM</td>
<td>I-P_________  2ND CHOICE________</td>
<td>$35</td>
</tr>
</tbody>
</table>

Subtotal Page 1 (continued on reverse side)

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1 NON-MEMBERS: Are you interested in becoming a member of ACPA? Professionals interested in the area of habilitation and/or research concerned with the study and treatment of cleft palate and related craniofacial anomalies are invited to apply for membership. Included in the membership fee are such benefits as a subscription to the Cleft Palate-Craniofacial Journal and quarterly newsletter, ACPA Membership-Team Directory, other informational mailings, and discount registration fees to the ANNUAL MEETING. You may register for the ANNUAL MEETING at the member rate if an application for membership and pre-payment of dues (and entrance fee) are on file at the National Office. Please contact Rafael Goldberg at (919)933-9044 for information and to receive an application.

2 STUDENT/RESIDENT REGISTRATIONS do not include tickets to the Annual Luncheon or Gala. Student & resident non-members must enclose a statement from their department head attesting to current student or resident status.

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REGISTRATION FORM Page 2

Subtotal from Page 1 _____________

EYE OPENERS – April 25 and 26, 2007 – 7:00-7:50AM

WEDNESDAY, April 25 (Choose one course from GROUP 1)
Choose only ONE Course: Please Note $5 reservation fee is non-refundable
INDICATE COURSE # 1 - #3:  1ST Choice __________  2ND Choice __________ $5______________

THURSDAY, April 26 (Choose one course from GROUP 2)
INDICATE COURSE #4 - #10:  1ST Choice __________  2ND Choice __________ $25______________

OTHER EVENTS:

CLEFT PALATE FOUNDATION BENEFIT:  Wednesday, April 25, 2007, 7:00PM
Splitz Happens Bowling and Pizza Night
(Includes dinner, t-shirt, transportation, bowling and a minimum $25 contribution to CPF)
Please circle your T-shirt size:  S  M  L  XL  XXL  Minimum Contribution $75______________
Please give your shoe size ___________________

STUDENT/RESIDENT AND LIFE MEMBER SOCIAL PACKAGE: Includes Thursday’s Annual Luncheon, and Friday’s “It Take’s a Team” Gala (Welcoming Reception included with Registration) $100______________

GUEST/SPOuse SOCIAL EVENT PACKAGE:
(Includes tickets to Tuesday Night’s Welcoming Reception, Thursday’s Annual Luncheon, and Friday’s “It Takes a Team” Gala) $115______________

Guest’s Name: _______________________________________
(Note: Except for student/residents, and life member registrations, one social event package is included with meeting registration)

PAST PRESIDENTS’ BREAKFAST
(Wednesday, April 25, 7:30AM) Check here for reservation □
Open only to Past and Current Presidents of the American Cleft Palate-Craniofacial Association and Cleft Palate Foundation

ASHA DIVISION 5 MEETING AND RECEPTION
(Thursday, April 26, 6:30pm) Check here for reservation □
Open to Speech Pathologists and Scientists

ETHICS ROUNDTABLE (Registration required) Check here for reservation/no lunch □
○ WITH LUNCH $25______________

ASCFs LUNCHEON
(Friday, April 27, 12:00pm-1:30pm) $30______________
Open only to members of the American Society of Craniofacial Surgeons

ACPA/ASHA Post-Conference Symposium for Speech Language Pathologists
(Saturday, April 28, 1:00pm-5:30pm) $25______________

CONNECTIONS – PARENT/PATIENT CONFERENCE: April 28, 2007
○ WITH ACPA REGISTRATION $30______________
○ WITHOUT ANNUAL MEETING REGISTRATION $50______________

I will not be able to attend the conference but please send me a program. $12______________
I would like to make a contribution at this time to the Cleft Palate Foundation. $ _____________
I am attending the ACPA Annual Meeting for the first time. Check here ______

TOTAL AMOUNT ENCLOSED $ ______________
PAYMENT INFORMATION

PAYMENT POLICY: We regret that we cannot offer reduced registration fees for partial attendance. All payments for registration and social events must be paid in full by personal or institutional check, U.S. money order, or credit card. On-site registrations must be paid in full at registration.

PAYMENTS MUST BE MADE IN U.S. FUNDS AND DRAWN ON A U.S. BANK. MAKE CHECKS PAYABLE TO ACPA, AND MAIL OR FAX THIS FORM TO:

ACPA
1504 East Franklin Street, Suite 102
Chapel Hill, NC 27514-2820
FAX: (919)933-9604

Please charge ACPA Annual Meeting registration to my:

(Circle One)  Visa  MasterCard
(13 or 16 numbers)  (16 numbers)

Account Number: ________________________________
Expiration Date: _______________ (MO-YR)

______________________________
Signature