

**ACPA 64<sup>TH</sup> 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**

<i>Type of Registration</i>		<i>Amount</i>
<input type="radio"/> ACPA MEMBER (includes social events)	\$375	_____
<input type="radio"/> NON-MEMBER <sup>1</sup> (includes social events)	\$525	_____
<input type="radio"/> STUDENT/RESIDENT MEMBER <sup>2</sup>	\$50	_____
<input type="radio"/> STUDENT/RESIDENT NON-MEMBER <sup>2</sup>	\$200	_____
<input type="radio"/> LIFE MEMBER (social events are not included)	FREE	_____

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

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

<input type="radio"/> ACPA MEMBER (INCLUDING LIFE)	\$175	_____
<input type="radio"/> NON-MEMBER <sup>1</sup>	\$225	_____
<input type="radio"/> STUDENT/RESIDENT MEMBER	\$ 75	_____
<input type="radio"/> STUDENT/RESIDENT NON-MEMBER	\$125	_____

**PRE-CONFERENCE SYMPOSIUM II: April 24, 2007**

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

<input type="radio"/> WITH ANNUAL MEETING REGISTRATION (Lunch included)	\$25	_____
<input type="radio"/> WITHOUT ANNUAL MEETING REGISTRATION (Lunch included)	\$40	_____

**STUDY SESSIONS: April 26, 2007**

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

2:30 – 4:00 PM      A-H \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_      \$35      \_\_\_\_\_

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

4:30 – 6:00 PM      I-P \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_      \$35      \_\_\_\_\_

**Subtotal Page 1** \_\_\_\_\_  
 (continued on reverse side)

<sup>1</sup> **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.

<sup>2</sup> **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.

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: 1<sup>ST</sup> Choice \_\_\_\_\_ 2<sup>ND</sup> Choice \_\_\_\_\_ \$5 \_\_\_\_\_

THURSDAY, April 26 (Choose one course from GROUP 2)

INDICATE COURSE #4 - #10: 1<sup>ST</sup> Choice \_\_\_\_\_ 2<sup>ND</sup> 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

o 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

o WITH ACPA REGISTRATION

\$30 \_\_\_\_\_

o 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*