



Vancouver/Victoria BC • Registration opens 13 May 2008

- Submit this Registration Form with payment to: ABA Conference, 4945 N. 30th Street, Suite 200, Colorado Springs, CO 80919-3151 (if you are mailing this form, it is recommended that you make a copy before mailing).
- Register online at: www.aba.org/mtgs/2008vanvic.
- Fax this form with credit card payment to: (719) 623-1779 (24-hour service).
- We accept MasterCard, VISA, and Discover credit cards for registration.

An acknowledgement notice will be sent within 2 weeks of receipt, with full conference details following in four weeks. Per-person cancellation policy: On or before 16 June, all but \$150 refunded; on or before 14 July, all but \$500 refunded; after 14 July, no refunds.

Mail, Register Online, or Fax on or after 13 May 2008 at 8:00 AM MDT

(Any registrations received before 13 May will be processed as if received on 14 May)

Registrant #1: _____	Registrant #2: _____
Member #: _____	Member #: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State/Province: _____ Zip/PC: _____	State/Province: _____ Zip/PC: _____
Email Address: _____	Email Address: _____
Phone: (_____) _____ Home <input type="checkbox"/> Work <input type="checkbox"/>	Phone: (_____) _____ Home <input type="checkbox"/> Work <input type="checkbox"/>

Name, City, State/Province you would like on your name tag:

Reg #1 Name: _____	Reg #2 Name: _____
City/State/Province: _____	City/State/Province: _____

I would like, if possible, to be assigned on field trips with: _____

ACCOMMODATION PREFERENCES (must be completed by all attendees)

All room assignments will be made on a first-come, first-served basis on or after 13 May 2008. Full package includes 7 nights (Sat., Sun., Mon., Tue., Wed, Thu., and Fri.)—all other nights will be reserved at your own expense.

Arrival Date _____ Departure Date _____

_____ I would like ABA to assign a roommate for me if possible. I am: Male Female

_____ I will be sharing a room with _____ (who may register separately)

_____ I will NOT be sharing a room and will pay the additional single supplement of \$600

I/We prefer: one bed two beds handicap access

MEALS AT THE CONFERENCE

Please review menu choices on page 13, and then indicate by registrant (#1 and #2) your choices for each meal. Do not mark in shaded blocks.

Vegetarian boxed lunches on field trips?

Registrant #1 _____ Yes _____ No

Registrant #2 _____ Yes _____ No

	Chicken (C)	Beef/Pork (M)	Seafood (F)	Veggie (V)
Saturday		n/a	n/a	
Sunday	n/a	n/a		
Monday	n/a		n/a	
Tuesday	n/a	n/a		
Wednesday	BUFFET			
Friday	BUFFET			



CONFERENCE PACKAGE OPTIONS	MEMBER	NON-MEMBER	REGISTRANT #1	REGISTRANT #2
1. Full Conference Package (includes all listed conference activities / shared room / meals)	\$2,450	\$2,695	\$ _____	\$ _____
2. Non-Birding Package (includes all listed Non-Birding activities / shared room / meals)	\$2,450	\$2,695	\$ _____	\$ _____
3. Partial Package (includes shared room / lunch on ferry / all listed evening meals)	\$1,050	\$1,300	\$ _____	\$ _____
OPTIONAL ITEMS				
4. Single room supplement	\$600	\$600	\$ _____	\$ _____
5. Donation: <input type="checkbox"/> Conservation <input type="checkbox"/> Education <input type="checkbox"/> Unrestricted			\$ _____	\$ _____
6. ABA Membership – attend at member rates! <small>US Individual \$45 / Joint \$52; Non-US Individual \$55 / Joint \$63. Upgrade membership from Individual to Joint \$7 US / \$8 non-US</small>			\$ _____	\$ _____
7. Pre-Trip: Fall Migration Gamble	\$135	\$155	\$ _____	\$ _____
8. Post-Trip: Victoria Whale & Bird Watching	\$150	\$175	\$ _____	\$ _____
9. SUBTOTAL			\$ _____	\$ _____

10. REQUIRED ADMINISTRATION FEE	CHOOSE ONE ONLY	CHOOSE ONE ONLY
Registration fee (postmarked on/before 16 June)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Late registration fee (postmarked after 16 June)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

PAYMENT INFORMATION

TOTAL CONFERENCE FEES (per person) \$ _____ \$ _____

DEPOSIT (minimum deposit of \$500 per person is due with registration) \$ _____ \$ _____

BALANCE DUE (per person) \$ _____ \$ _____

TOTAL DUE BY 15 JULY (Registrant #1 total + Registrant #2 total) \$ _____

Check: Check #: _____ Credit Card: Visa Mastercard Discover

Card # _____ - _____ - _____ - _____ Exp: ____ / ____

Cardholder's Name, as it appears on the card: _____

Cardholder's Signature: _____

Liability Waiver and Emergency Contact
 Please read and sign the waiver below and return the form to the ABA office at your earliest convenience. This form is required for the 2008 ABA Vancouver/Victoria Conference. If you have any questions, please call Brenda at (800) 850-2473, x230 or email at bgibb@aba.org. We will appreciate your prompt reply! Our address: American Birding Association, 4945 N. 30th Street, Suite 200, Colorado Springs, CO 80919-3151.

Liability Waiver and Emergency Contact Information — Please read and sign.
 I agree and expressly acknowledge, as a registrant for the 2008 Vancouver/Victoria Conference, conducted by the American Birding Association (ABA), that I am fully aware that such events involve certain risks and dangers that include, but are not limited to, the hazards of traveling, the risk of injuries, and the possibility that an accident or illness could occur as a result of participation in these events. In the consideration of, and as part payment for the right to participate in the ABA Vancouver/Victoria Conference, I do hereby waive, release and hold harmless the ABA, its agents, employees, trustees, instructors, directors, volunteers, and any contractors or subcontractors hired in connection with the 2008 ABA Vancouver/Victoria Conference. I also agree not to allow any other individual to participate in my place.

Print Name (Reg # 1) _____ Signature: _____ Date _____

Print Name (Reg # 2) _____ Signature: _____ Date _____

Emergency Contact Name _____ Contact Relationship _____

Emergency Contact Day Phone _____ Emergency Contact Evening Phone _____