



ARCS FOUNDATION AMC APRIL 25-28, 2018

2018 AMC REGISTRATION

METRO WASHINGTON CHAPTER April 25-28, 2018 | Washington, D.C.

Please select all the events you would like to attend:

	MWC Member	Guest
Wednesday Welcome Reception	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Thursday Speakers, Lunch and Tours (Not including dinner) Please select tour of choice (or none): <input type="checkbox"/> National Museum of American History <input type="checkbox"/> National Geographic Museum	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Thursday Full Day (Supreme Court Dinner included)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325
Thursday Supreme Court Dinner Only	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
Friday ARCS Light Luncheon	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Friday Full Day (Breakfast, Lunch, Tours, Dinner included) Please check all you will attend: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner Please select tour of choice (or none): <input type="checkbox"/> National Gallery of Art <input type="checkbox"/> National Air and Space Museum <input type="checkbox"/> International Spy Museum	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260
Friday Dinner Only	<input type="checkbox"/> \$138	<input type="checkbox"/> \$138

Contact Information

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Dietary Restrictions: _____

If you require extra mobile assistance, please contact lisak@ewald.com.

Payment (must accompany application to guarantee registration)

Check (payable to ARCS Foundation) Visa Mastercard Discover

If paying by credit card, all fields below are required. Please do not send credit card information via email to protect your information!

Card Number _____ Exp. Date _____ Sec. Code _____

Name (as it appears on card) _____

Phone _____ Authorized Signature _____

Address (if different than above) _____

City _____ State _____ Zip _____

Complete this form online at www.arcsfoundation.org or mail/fax to the ARCS Foundation office at:

1000 Westgate Drive, Suite 252 | St. Paul, MN 55114 U.S.A. | Fax: 651-290-2266

Questions? Contact Siri at AMC@arcsfoundation.org or 651-290-7484

CANCELLATION POLICY: The registration fee, less a \$50 administrative charge, can be refunded up to 10 business days before the conference with written notice of cancellation. No refund for cancellation less than 10 business days prior, or for no-shows. Submit your cancellation via email to Lisa Konsti at lisak@ewald.com.

Registration and attendance at, or participation at organization events constitutes an agreement by the registrant to the organization's use and distribution of the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.



(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	