



**REGISTER ONLINE**  
[www.aao.org](http://www.aao.org)

**MAILING ADDRESS**  
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 PO Box 39000  
 San Francisco, CA 94139  
 Fax: 415.561.8575

**REGISTRATION DEADLINE:** October 15

# Registration Form

Come to Atlanta a few days early and give back to our Joint Meeting host community. We once again partner with Habitat for Humanity. Atlanta Habitat builds energy-efficient, EarthCraft-certified homes that protect the environment and reduce utility bills. You may participate on Thursday, Nov 6 or Friday, November 7.

Space is limited. Register early to guarantee a spot. Preregistration is mandatory—onsite registration will not be available. **Multiple participants may register using this form. All must have the same mailing address and form of payment.**

| Participant Name & Academy ID # (if known) | T-Shirt Size – S, M, L, XL, XXL | Day(s) you would like to participate |        | Emergency Contact with Phone Number |
|--|---------------------------------|--------------------------------------|--------|-------------------------------------|
|  |                                 | Thursday                             | Friday |                                     |
| 1.   |                                 |                                      |        |                                     |
| 2.   |                                 |                                      |        |                                     |
| 3.   |                                 |                                      |        |                                     |
| 4.   |                                 |                                      |        |                                     |
| 5.   |                                 |                                      |        |                                     |
| 6.   |                                 |                                      |        |                                     |
| 7.   |                                 |                                      |        |                                     |
| 8.   |                                 |                                      |        |                                     |
| 9.   |                                 |                                      |        |                                     |
| 10.  |                                 |                                      |        |                                     |
| 11.  |                                 |                                      |        |                                     |
| 12.  |                                 |                                      |        |                                     |
| 13.  |                                 |                                      |        |                                     |
| 14.  |                                 |                                      |        |                                     |
| 15.  |                                 |                                      |        |                                     |
| 16.  |                                 |                                      |        |                                     |
| 17.  |                                 |                                      |        |                                     |
| 18.  |                                 |                                      |        |                                     |
| 19.  |                                 |                                      |        |                                     |
| 20.  |                                 |                                      |        |                                     |
| <b>TOTAL DAYS</b>                          |                                 |                                      |        |                                     |

Main Contact Name (if registering multiple participants)

Address

City/State/Province

Zip/Postal Code/Country

Telephone Number

Fax Number

E-Mail Address

**FEES:** \$25 per day (includes insurance and supplies). \_\_\_\_\_ Days @ \$25 per day = \_\_\_\_\_ **TOTAL**

**PAYMENT METHOD:**

Visa  MasterCard  Discover  American Express  JCB

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Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name as it Appears on Card

Cardholders' Billing Address (if different from address above)

Check Enclosed (Payable to AAO in U.S. Dollars, Drawn on a U.S. Bank)