

## 2026 ACA, New England Camp Conference Registration Form (one person per form)

### ATTENDEE INFORMATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Camp/Organization Name: \_\_\_\_\_

Title/Role at Camp: \_\_\_\_\_ ACA Individual Member Number: \_\_\_\_\_

Camp Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies/dietary restrictions: \_\_\_\_\_

### REGISTRATION OPTIONS: Rates are based on individual member status.

**Registration Transfer:** Name of original attendee from camp/org: \_\_\_\_\_

#### Full-time Registrations:

1<sup>st</sup>/2<sup>nd</sup> person: Individual Member: \$450  Individual Non-Member: \$545

3<sup>rd</sup> / additional from same camp: Individual Member: \$120  Individual Non-Member: \$195

Student: (copy of student ID required) \$80

#### One-day Registrations:

Thursday  /Friday  Member: \$225  Non-Member: \$275

Saturday Member: \$75  Non-Member: \$100

#### Wednesday Pre-Conference Workshop Add-Ons:

New Camp Director Workshop Member: \$110  Non-Member: \$140

Accreditation Volunteer Course Attending: Free of Charge  (Due to pre-work, must have pre-approval to be walk in)

### PAYMENT INFORMATION

**TOTAL DUE TO PAY/CHARGE:** \$ \_\_\_\_\_ Check #: \_\_\_\_\_ -OR- **Credit Card Type:** VISA, MC, AMEX, DISCOVER

Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ CVV/Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

ACA, New England, 80 Westview Street, Lexington, MA 02421; or scan to [camp@acanewengland.org](mailto:camp@acanewengland.org)

**\* Conference registrations are non-refundable, but may be transferred to another individual from your camp.\***

For ACA internal use: Date registration entered into CRM \_\_\_\_\_ Date payment charged/entered \_\_\_\_\_ Initials \_\_\_\_\_