



CONFERENCE REGISTRATION

49th Annual Conference
of the American Translators
Association

Hilton in the Walt
Disney World Resort
Orlando, Florida
November 5-8, 2008

Join ATA & Save

Receive discounted registration fees as well as 3 months free membership when you register for the conference and join ATA at the same time!

To take advantage of this special offer, complete the application on the reverse side.

Cancellation Policy

Cancellation requests received in writing by October 24, 2008 are eligible for a refund, subject to a \$25 administrative fee. Refunds will not be honored after October 24, even in the case of program changes or session and event cancellations.

3 Ways to Register

Register online at www.atanet.org/conf/2008

Fax registration form to +1-703-683-6122

Mail registration form to ATA, 225 Reinekers Lane, Suite 590, Alexandria, Virginia 22314 USA

Don't Forget

Include payment with form
Make your hotel reservations
Tell a friend about this event

Please indicate if you require special accessibility or assistance and attach a sheet with your requirements.

Last Name First Name Middle ATA Membership#

Employer/School (Only list employer or school if you want it to appear on your badge.)

Street Address (Please indicate if this is a new address.) Apt/Suite

City State/Province Zip/Postal Code Country

Telephone Fax

Email Optional: Provide onsite contact for the List of Attendees (email, mobile phone, etc.)

Registration Fees	ATA Member	Nonmember	ATA Student
Early Registration (available until Oct. 3):	<input type="checkbox"/> \$295	<input type="checkbox"/> \$390	<input type="checkbox"/> \$145
One-day (indicate day _____):	<input type="checkbox"/> \$150	<input type="checkbox"/> \$195	N/A
Standard Registration (after Oct. 3):	<input type="checkbox"/> \$355	<input type="checkbox"/> \$470	<input type="checkbox"/> \$170
One-day (indicate day _____):	<input type="checkbox"/> \$180	<input type="checkbox"/> \$235	N/A
Late Registration (after Oct. 24):	<input type="checkbox"/> \$430	<input type="checkbox"/> \$565	<input type="checkbox"/> \$190
One-day (indicate day _____):	<input type="checkbox"/> \$215	<input type="checkbox"/> \$285	N/A

Preconference Seminar Fees			
<input type="checkbox"/> Seminar A 9am-12noon \$50	<input type="checkbox"/> Seminar F 9am-12noon \$50	<input type="checkbox"/> Seminar K 2-5pm \$50	
<input type="checkbox"/> Seminar B 9am-12noon \$50	<input type="checkbox"/> Seminar G 9am-12noon \$50	<input type="checkbox"/> Seminar L 2-5pm \$50	
<input type="checkbox"/> Seminar C 9am-12noon \$50	<input type="checkbox"/> Seminar H 2-5pm \$50	<input type="checkbox"/> Seminar M 2-5pm \$50	
<input type="checkbox"/> Seminar D 9am-12noon \$50	<input type="checkbox"/> Seminar I 2-5pm \$50	<input type="checkbox"/> Seminar N 2-5pm \$50	
<input type="checkbox"/> Seminar E 9am-12noon \$50	<input type="checkbox"/> Seminar J 2-5pm \$50		

Special Event Fees	
<input type="checkbox"/> TCD Dessert Reception , Wednesday 7:30-9:30pm \$35 per person x _____ = \$ _____	<input type="checkbox"/> GLD Wine & Cheese Reception , Thursday 7-8:30pm \$30 per person x _____ = \$ _____
<input type="checkbox"/> Skill-building Seminar for Mentors & Mentees Thursday 2-3:30pm, FREE Please indicate: <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee	<input type="checkbox"/> ND Wine & Cheese Fest , Friday 5:30-6:30pm \$33 per person x _____ = \$ _____
<input type="checkbox"/> Round Robin Tennis , Thursday 4:30-6:30pm \$35 per person x _____ = \$ _____ Please indicate: <input type="checkbox"/> Casual Player <input type="checkbox"/> Avid Player	<input type="checkbox"/> LTD Wine & Cheese Networking Event , Friday 5:30-6:30pm \$25 per person x _____ = \$ _____
<input type="checkbox"/> ID Tropical Dessert Reception , Thursday 7-8pm \$30 per person x _____ = \$ _____	<input type="checkbox"/> SPD Dinner Reception , Friday 6-8pm \$45 per person x _____ = \$ _____
	<input type="checkbox"/> FLD Wine & Cheese Networking Hour , Friday 7-8pm \$25 per person x _____ = \$ _____

Proceedings, Paperback Format **\$35** per copy x _____ = \$ _____
All attendees receive the Proceedings in CD format, including session handouts and more.

Conference DVD-ROM **\$99** each x _____ (add \$15 for international shipping, if applicable) = \$ _____
This special price is offered only to attendees who pre-order. To learn more, see page 16.

Payment GRAND TOTAL = \$

Credit Card: VISA MasterCard AMEX Discover **Check/Money Order:** Make payable through a U.S. bank in U.S. funds to ATA.

Credit Card Number Verification Code Expiration Date Check Number: _____

Name on Card Signature Check Amount: _____

ata
MEMBERSHIP APPLICATION
for the American Translators Association

Special Offer for Attendees of the 49th Annual Conference

Get 15 Months of ATA Membership for the Price of 12!

(Oct 2008-Dec 2009)

Join ATA & Save

Receive discounted registration fees as well as 3 months free membership when you register for the conference and join ATA at the same time!

ATA Membership

To learn more about ATA membership, visit www.atanet.org or contact ATA at ata@atanet.org or +1-703-683-6100.

Dues are non-refundable and non-transferable.

Dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

If applying for ATA Membership, please provide this additional information:

Last Name First Name

Website Address

Native Language Native Country

I am a U.S. Citizen or permanent resident of the U.S. Yes No

Applicant's Signature

Please check this box if you have ever been an ATA member.

Print the letter of your last name under which you wish to be listed in the online Membership Directory: _____

Do not include my information on lists rented to qualified advertisers.

Do not list the following in the online Membership Directory:

Do not send me ATA broadcast announcements via email. (Does not include payment confirmations or receipts.)

- Telephone Number
- Fax Number
- Email Address

The publication cost of *The ATA Chronicle* magazine for one year (\$43) is included in membership dues.

If applying for Corporate, Institutional, or Joint Membership, please provide the following information:

Name of Corporation or Institution

Name of Contact Person Title

I hereby apply for ATA Membership:

- Associate Membership, \$145 \$_____
- Student Membership, \$80 \$_____ (proof of student status required)
- Corporate Membership, \$300 \$_____
- Institutional Membership, \$180 \$_____ (proof of nonprofit status required)
- Joint Membership, \$380 \$_____ (Individual & Corporate Membership combined)

I also apply for the following division(s) at no additional cost:

- Chinese Language Division Literary Division
- French Language Division Medical Division
- German Language Division Nordic Division
- Interpreters Division Portuguese Language Division
- Italian Language Division Slavic Languages Division
- Japanese Language Division Spanish Language Division
- Korean Language Division Translation Company Division
- Language Technology Division

International Postage for Non-U.S. Residents:

- Countries *except* Canada & Mexico, \$35 \$_____
- Canada & Mexico *only*, \$15 \$_____

Membership Directory: (optional)

- Printed* 2009 Membership Directory, \$25 \$_____
- The *online* Membership Directory is free to all members and is continuously updated and available throughout the year.

Note: Corporate and Joint members will receive a complimentary copy of the printed Membership Directory.

Total Membership Dues (Add membership dues to Conference Registration Form on reverse side) = \$ _____