Conference Registration Form

American Translators Association 43rd Annual Conference
Hyatt Regency • Atlanta, Georgia • November 6-9, 2002

Name: _____ Membership #: _____
Last First Middle

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

Street Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone Numbers - Primary: _____ Secondary _____

Fax: _____ Email: _____

Conference Registration Fees:	**ATA Member**	**Nonmember***	**Student Member****
Early Bird **(By October 1)**	$245	$335	$110
One-day **(indicate day _____)**	$125	$170	NA
After October 1	$305	$420	$130
One-day **(indicate day _____)**	$160	$220	NA
Onsite **(After October 25)**	$380	$525	$150
One-day **(indicate day _____)**	$195	$270	NA

***Individuals who join ATA after July 1, receive ATA membership for the remainder of 2002 and all of 2003 for $167.50. If you elect to do this, you qualify for the ATA member registration fee.**
****Student-member rate is only available to ATA student members.**
Note: One-day and student registrants do not receive a copy of the *Proceedings.*

ATA Membership: Join ATA or renew your membership.
(Must include Application for Membership, http://www.atanet.org/membapp.htm.)

Membership Fee: $_____

Preconference Seminars: Wednesday, November 6
(Must include Preconference Seminar Registration Form http://www.atanet.org/conf2002/form_preconf.htm.)

Preconference Seminars: $_____

Social Functions:

Translation Company Division Dessert Reception, Thursday, November 7 — **$15 @ x____: $_____**

Round Robin Tennis Tournament, Thursday, November 7 — **$25 @ x____: $_____**

Closing Banquet, Saturday, November 9 — **$55 @ x____: $_____**

$130 @ x____: $_____

Accreditation Exams: Saturday, November 9
(Must include Accreditation Registration Form, http://www.atanet.org/accred.htm.)

Total Payment: $_____

Payment: **9** Check/Money Order: **Please make payable, through US bank in US funds to American Translators Association.**

9 Credit Card: Charge my **9** VISA **9** MasterCard **9** American Express **9** Discover

Card No. ___ /___ /___ /___ /___ /___ /___ /___ /___ /___ /___ /___ /___ /___ /___ / Expiration Date:_____

Name on Card:_____Signature:_____

Cancellations received in writing by October 25, 2002 are eligible for a refund. Refunds will not be honored after October 25. A $25 administrative fee will be applied to all refunds.

Return this form to: American Translators Association, 225 Reinekers Lane, #590, Alexandria, VA 22314

____Please check here if you require special accessibility or assistance. (Attach a sheet with your requirements.)