



Conference Registration Form

46th Annual Conference of the American Translators Association

The Westin Seattle
Seattle, Washington
Nov. 9-12, 2005

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 _____

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

Telephone _____ Fax _____ Email _____

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 following page.

Registration Fees	ATA Member	Nonmember	ATA Student	
Early-Bird (available until October 3)	\$295	\$390	\$145	\$ _____
One-day (indicate day _____)	\$150	\$195	N/A	\$ _____
After October 3	\$355	\$470	\$170	\$ _____
One-day (indicate day _____)	\$180	\$235	N/A	\$ _____
Onsite (after October 21)	\$430	\$565	\$190	\$ _____
One-day (indicate day _____)	\$215	\$285	N/A	\$ _____

Cancellation Policy

Cancellation requests received in writing by Oct. 21, 2005 are eligible for a refund, subject to a \$25 administrative fee. Refunds will not be honored after Oct. 21.

Note: One-day and student registrants do not receive a copy of the Proceedings.

Registration Fees = \$ _____

Preconference Fees

- | | | |
|--|--|---|
| <input type="checkbox"/> Seminar A (9am-12noon) FREE | <input type="checkbox"/> Seminar H (9am-12noon) \$50 | <input type="checkbox"/> Seminar O (2-5pm) \$50 |
| <input type="checkbox"/> Seminar B (9am-12noon) \$50 | <input type="checkbox"/> Seminar I (9am-12noon) \$50 | <input type="checkbox"/> Seminar P (2-5pm) \$50 |
| <input type="checkbox"/> Seminar C (9am-12noon) \$50 | <input type="checkbox"/> Seminar J (9am-12noon) \$50 | <input type="checkbox"/> Seminar Q (2-5pm) \$50 |
| <input type="checkbox"/> Seminar D (9am-12noon) \$50 | <input type="checkbox"/> Seminar K (2-5pm) \$50 | <input type="checkbox"/> Seminar R (2-5pm) \$50 |
| <input type="checkbox"/> Seminar E (9am-12noon) \$50 | <input type="checkbox"/> Seminar L (2-5pm) \$50 | <input type="checkbox"/> Seminar S (2-5pm) \$50 |
| <input type="checkbox"/> Seminar F (9am-12noon) \$50 | <input type="checkbox"/> Seminar M (2-5pm) \$50 | <input type="checkbox"/> Seminar T (2-5pm) \$50 |
| <input type="checkbox"/> Seminar G (9am-1 noon) \$50 | <input type="checkbox"/> Seminar N (2-5pm) \$50 | |

Preconference Fees = \$ _____

3 Ways to Register

Register online at www.atanet.org/conf2005

Fax registration form to (703) 683-6122

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

Special Event Tickets

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Translation Company Division Dessert Reception (Wednesday 8-10pm) | \$25 per person × _____ = \$ _____ |
| <input type="checkbox"/> German Language Division Happy Hour (Thursday 7-8pm) | \$25 per person × _____ = \$ _____ |
| <input type="checkbox"/> Medical Division Reception (Thursday 8-9pm) | \$25 per person × _____ = \$ _____ |
| <input type="checkbox"/> Closing Banquet (Saturday 7-9pm) | \$55 per person × _____ = \$ _____ |
| <input type="checkbox"/> Round Robin Tennis Tournament (Thursday 4-6:30pm) | \$25 per person × _____ = \$ _____ |
- (Please indicate: Casual Player Avid Player)

Special Event Tickets = \$ _____

Payment

Total Payment (include membership dues from following page, if applicable) = \$ _____

- Check/Money Order: Please make payable, through a U.S. bank in U.S. funds, to the American Translators Association
- Credit Card: VISA MasterCard American Express Discover

Don't Forget
Include payment with your form

Credit Card No. _____ Expiration Date _____

Make your hotel reservations

Name on Card _____ Signature _____

Tell a friend about this event

- Please indicate if you require special accessibility or assistance. (Attach a sheet with your requirements.)
- Yes**, I would like to take part in the Job Marketplace. Deadline for Job Marketplace is **October 3**.

Do not email this form to ATA. Information will not be secure and written signature is required.



Application for New Members

**Special Offer for Attendees
of the 46th Annual Conference**

**Get 15 Months
of ATA Membership
for the price of 12**
(Oct. 2005-Dec. 2006)

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
(703) 683-6100.

Refund Policy
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.

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

I hereby apply for ATA Membership: _____

- Associate Membership \$120 \$ _____
- Student Membership \$65 \$ _____
(proof of student status required)
- Corporate Membership \$300 \$ _____
- Institutional Membership \$150 \$ _____
(proof of nonprofit status required)
- Joint Membership \$365 \$ _____
(Individual & Corporate Membership combined)

I also apply for the following division(s): _____

- Chinese Language Division \$15 \$ _____
- French Language Division \$15 \$ _____
- German Language Division \$15 \$ _____
- Interpreters Division \$15 \$ _____
- Italian Language Division \$15 \$ _____
- Japanese Language Division \$15 \$ _____
- Literary Division \$20 \$ _____
- Medical Division \$15 \$ _____
- Nordic Division \$15 \$ _____
- Portuguese Language Division \$15 \$ _____
- Slavic Languages Division \$15 \$ _____
- Spanish Language Division \$15 \$ _____
- Translation Company Division \$30 \$ _____

International Postage for Non-U.S. Residents: _____

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

Total Membership Dues (add membership dues to Conference Registration Form on previous page) = \$

Additional Applicant Information

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 *Membership Directory*: _____

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

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

Do not list the following in the *Membership Directory*:

- Telephone Number
- Fax Number
- Email Address

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

Name of Corporation or Institution: _____

Name of Contact Person: _____ Title: _____

Do not email this form to ATA. Information will not be secure and written signature is required.