



Conference Registration Form

45th Annual Conference of the
American Translators Association

Sheraton Centre
Toronto, Canada
Oct. 13-16, 2004

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 first-ever offer, complete the application on the following page.

Cancellation Policy
Cancellation requests received in writing by Oct. 1, 2004 are eligible for a refund, subject to a \$25 administrative fee. Refunds will not be honored after Oct. 1.

3 Ways to Register
Register online at www.atanet.org/conf2004

Fax registration form to (703) 683-6122

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

Don't Forget
Include payment with your form

Make your hotel reservations

Tell a friend about this event

Registration Fees	ATA Member		Nonmember		ATA Student		
	USD	CAD	USD	CAD	USD	CAD	
U.S. & CANADIAN CURRENCY							
Early-Bird (available until Sept. 10)	\$245	\$335	\$340	\$465	\$110	\$150	\$ _____
One-day (indicate day _____)	\$125	\$170	\$175	\$240	N/A	N/A	\$ _____
After September 10	\$305	\$420	\$425	\$580	\$130	\$180	\$ _____
One-day (indicate day _____)	\$160	\$220	\$225	\$305	N/A	N/A	\$ _____
Onsite (after October 1)	\$380	\$520	\$530	\$725	\$150	\$205	\$ _____
One-day (indicate day _____)	\$195	\$270	\$275	\$375	N/A	N/A	\$ _____

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

Registration Fees = \$ _____

Preconference Fees	USD/CAD		USD/CAD		USD/CAD
<input type="checkbox"/> Seminar A (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar G (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar M (2-5pm)	\$50/\$70
<input type="checkbox"/> Seminar B (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar H (9am-12pm)	FREE	<input type="checkbox"/> Seminar N (2-5pm)	\$50/\$70
<input type="checkbox"/> Seminar C (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar I (2-5pm)	\$50/\$70	<input type="checkbox"/> Seminar O (2-5pm)	\$50/\$70
<input type="checkbox"/> Seminar D (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar J (2-5pm)	\$50/\$70	<input type="checkbox"/> Seminar P (2-5pm)	
<input type="checkbox"/> Seminar E (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar K (2-5pm)	\$50/\$70	<input type="checkbox"/> Mentor=FREE	<input type="checkbox"/> Mentee= \$15/\$20
<input type="checkbox"/> Seminar F (9am-12pm)	\$50/\$70	<input type="checkbox"/> Seminar L (2-5pm)	\$50/\$70		

Preconference Fees = \$ _____

Special Event Tickets	USD/CAD
<input type="checkbox"/> Translation Company Division Dessert Reception (Wed. 8-10pm)	\$30/\$40 per person × _____ = \$ _____
<input type="checkbox"/> German Language Division Happy Hour (Fri. 5:30-6:30pm)	\$20/\$30 per person × _____ = \$ _____
<input type="checkbox"/> Interpreters Division & Medical Division Reception (Fri. 6-7:30pm)	\$25/\$35 per person × _____ = \$ _____
<input type="checkbox"/> Closing Banquet (Sat. 7-9pm)	\$55/\$75 per person × _____ = \$ _____
<input type="checkbox"/> Round Robin Tennis Tournament (Fri. 4-6:30pm)	\$25/\$35 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 in U.S. or Canadian funds, to American Translators Association

Credit Card: VISA MasterCard American Express (U.S. Only) Discover (U.S. Only)

Credit Card No. Expiration Date

Name on Card Signature

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 **September 10**.

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 45th Annual Conference**

**Get 15 Months
of ATA Membership
for the price of 12**
(Oct. 2004-Dec. 2005)

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:

- | | USD/CAD | |
|---|-------------|----------|
| <input type="checkbox"/> Associate Membership | \$120/\$165 | \$ _____ |
| <input type="checkbox"/> Student Membership
(proof of student status required) | \$65/\$90 | \$ _____ |
| <input type="checkbox"/> Corporate Membership | \$300/\$415 | \$ _____ |
| <input type="checkbox"/> Institutional Membership
(proof of nonprofit status required) | \$150/\$210 | \$ _____ |
| <input type="checkbox"/> Joint Membership
(Individual & Corporate Membership combined) | \$365/\$505 | \$ _____ |

I also apply for the following division(s):

- | | USD/CAD | |
|---|-----------|----------|
| <input type="checkbox"/> Chinese Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> French Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> German Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Interpreters Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Italian Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Japanese Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Literary Division | \$20/\$30 | \$ _____ |
| <input type="checkbox"/> Medical Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Nordic Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Portuguese Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Slavic Languages Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Spanish Language Division | \$15/\$20 | \$ _____ |
| <input type="checkbox"/> Translation Company Division | \$30/\$40 | \$ _____ |

International Postage for Non-U.S. Residents:

- | | | |
|--|-----------|----------|
| <input type="checkbox"/> Countries <i>except</i> Canada & Mexico | \$35/\$50 | \$ _____ |
| <input type="checkbox"/> Canada & Mexico <i>only</i> | \$15/\$20 | \$ _____ |

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.