



**MAY 11-14, 2016**  
**US GRANT HOTEL**  
**SAN DIEGO, CALIFORNIA**

# Registration Form

## 1. REGISTRATION INFORMATION

This contact information will be used for the conference attendee list.  
 Please check one:

ALC Member  ELIA Member  Non-Member

Full Name \_\_\_\_\_

Nickname for Badge (if other than above) \_\_\_\_\_

Firm \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country (if other than U.S.) \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_

This is my first ALC conference.  
 I require special accommodations to participate.

Special Dietary Requirement:  Vegetarian  Kosher  Gluten Free

Other \_\_\_\_\_

## 2. ANNUAL CONFERENCE FEES

	ADVANCE by April 12		REGULAR after April 12	
	ALC/ELIA Member	Non- Member	ALC/ELIA Member	Non- Member
<b>Full Conference Registration</b> <i>Includes Education Sessions, the Opening Reception, continental breakfasts, and two lunches</i>	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$1,225	<input type="checkbox"/> \$1,625
<b>One-Day Conference Registration</b> <input type="checkbox"/> Wednesday, May 11 <input type="checkbox"/> Thursday, May 12 <input type="checkbox"/> Friday, May 13	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750

Subtotal

## 3. CONFERENCE REGISTRANT EVENT

**Opening Reception:** (Wednesday, May 11 )..... **Included in Reg fee**  
 **Optional Dinner:** Fogo De Chao (Thursday, May 12, 7:00pm) **\$85/person**  
 Sea Bass entrée Substitution

## 4. GUEST INFORMATION

Full Name \_\_\_\_\_ Nickname for Badge \_\_\_\_\_

Special Dietary Requirement:  Vegetarian  Kosher  Gluten Free

Other \_\_\_\_\_

## 5. GUEST FEES

**Guest Registration Fee**..... **\$85**

**Opening Reception:** (Wednesday, May 11 )..... **Included in Reg fee**

**Optional Dinner:** Fogo De Chao (Thursday, May 12, 7:00pm)..... **\$85**

Sea Bass entrée Substitution

Subtotal

## 6. PAYMENT

**TOTAL**

Check (make payable to ALC – U.S. funds only)

VISA  MasterCard  AMEX

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

## Cancellations

Cancellations received by Tuesday, April 12, 2016, will receive a 75% refund. No refunds will be given after Friday, April 12, 2016.

## Questions

Contact Shannon Sperati at [ssperati@mgmtsol.com](mailto:ssperati@mgmtsol.com) or (240) 404-6511.

## Three Ways to Register

**Fax** (301) 990-9771

**Mail** The Association of Language Companies  
 9707 Key West Avenue, Suite 100  
 Rockville, MD 20850

**Web** <http://www.alcconf.org>

