

# REGISTRATION FORM

## THREE WAYS TO REGISTER

- 1 REGISTER AT [WWW.PLANNING.ORG](http://WWW.PLANNING.ORG) AND SAVE \$50 (credit card and check payments only)
  - 2 COMPLETE FORM AND MAIL TO American Planning Association Payment Center, 94343 Eagle Way, Chicago, IL 60678-9430 (payments only)
  - 3 COMPLETE FORM AND FAX TO 312-786-6735 (credit card payments only), fax line open through March 27
- Please print legibly. You must submit both pages of the completed registration form or your registration will not be processed.  
 There is a \$50 processing fee for cancellations (\$35 for students).

\_\_\_ Please check here if you are revising a previously submitted registration. (See page 72 for instructions)

108560 MEM 9/30/2008  
 Christopher Anderson AICP  
 Jasper County, Georgia  
 Jasper County Planning And Zoning Office  
 162 N Warren St  
 Monticello GA 31054-1154

EMPLOYER/SCHOOL NAME DEPT.  
 JASPER COUNTY GEORGIA  
 EMPLOYER/SCHOOL ADDRESS SUITE #  
 162 N. WARREN ST.  
 CITY MONTICELLO GA STATE ZIP 31064

FIRST NAME ONLY (FOR BADGE)  
 Chris  
 TITLE PLANNING DIRECTOR  
 HOME PHONE (706) 468-7434  
 OFFICE PHONE NUMBER (706) 468-4905 (706) 468-4936  
 E-MAIL ADDRESS (REQUIRED; SEE NOTE ON FACING PAGE) CAPTANSON425@HOTMAIL.COM

Send APA correspondence to:  Home  Employer  
 Send APA invoices to:  Home  Employer

Join APA online and qualify immediately for the member conference price! Go to [www.planning.org/joinapa](http://www.planning.org/joinapa), follow the onscreen instructions, and make a note of your APA ID number (it will appear on the confirmation screen and be e-mailed to you).

## STEP 1: BASIC REGISTRATION

(See page 72 for instructions)  
 Circle the preregistration fee that applies. Step 8 is required for your registration fee to be processed. IMPORTANT: All planning commissioners, elected officials, and appointed officials (APA members and nonmembers) should consult the last section for registration options and rates.

Payment must be received at APA by:	Feb. 28	Mar. 27	On-site
<b>APA member (entire conference)</b>			
Regular	\$695	\$725	\$775
Life/Retired	100	120	140
Student	100	120	140
New Professional	295	295	295
Outside U.S.	495	495	495
<b>Nonmember (entire conference)</b>	925	925	925
Sunday/Monday only			
Regular APA member	285	285	285
Nonmember	385	385	385
<b>Speaker (entire conference)</b>	695	695	695
<b>Planning commissioners, elected officials, and appointed officials</b>			
APA Planning Board Member			
Entire conference	695	725	775
Sunday/Monday only	285	285	285
Tuesday plus reception	195	220	240
Nonmember (verification required)			
Entire conference	695	780	830
Sunday/Monday only	385	385	385
Tuesday plus reception	195	220	240
<b>Group Rate</b>			

Register 10 or more planning commissioners, elected officials, or appointed officials from the same jurisdiction and receive a 10 percent discount. (Discount applies to the cost of basic registration only) You must submit all group participants' registrations together. (Because this registration option is not available online, APA will waive the \$50 paper-processing fee.) For more information, call APA customer service at 312-334-1250.

## SECTION 8

## STEP 2: EVENTS

(See page 73 for instructions)

Event	Quantity	Total
Opening Reception (P001)	___ x \$70	\$___
AICP Fellows Induction Ceremony and Reception (P002)	___ x \$70	\$___
Student Reception (P003)	___ x \$20	\$___
Awards Luncheon (P004)	___ x \$55	\$___
Planning Commissioners and Appointed Officials Breakfast (P005)	___ x \$48	\$___
Planning Directors Breakfast (P006)	___ x \$48	\$___
Planners' Prayer Breakfast (P200)	___ x \$47	\$___
Planning and the Black Community Division Scholarship Luncheon (P201)	___ x \$65	\$___
Rock-n-roll in The Wine Cellar (P100)	___ x \$75	\$___
Lance Burtrott-Master Magician (P101)	___ x \$75	\$___
Jubilee! (P102)	___ x \$75	\$___
Sip Off "The Strip"		
6:30 p.m.-8:30 p.m. (P103)	___ x \$35	\$___
7:00 p.m.-9:00 p.m. (P104)	___ x \$35	\$___
7:30 p.m.-9:30 p.m. (P105)	___ x \$35	\$___
8:00 p.m.-10:00 p.m. (P106)	___ x \$35	\$___
<b>Events Subtotal</b>		\$___

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**STEP 4: MOBILE WORKSHOPS**

(See page 73 for instructions)

Limit ONE ticket per workshop

MW # \_\_\_\_\_ \$ \_\_\_\_\_  
 MW # \_\_\_\_\_ \$ \_\_\_\_\_  
 MW # \_\_\_\_\_ \$ \_\_\_\_\_  
 MW # \_\_\_\_\_ \$ \_\_\_\_\_  
 MW # \_\_\_\_\_ \$ \_\_\_\_\_  
 MW # \_\_\_\_\_ \$ \_\_\_\_\_

Total number of mobile workshops \_\_\_\_\_

Mobile Workshops Subtotal \$ \_\_\_\_\_

**STEP 5: ORIENTATION TOURS**

(See page 73 for instructions)

Function Code	Quantity
Tour # _____	_____
Total number of tickets x \$49	_____

Orientation Tours Subtotal \$ \_\_\_\_\_

**STEP 6: TRAINING WORKSHOPS**

(See page 74 for instructions)

Function Code	Title	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Training Workshops Subtotal \$ \_\_\_\_\_

**STEP 7: CAMP APA**

(See page 74 for instructions)

CAMP APA registration form and other important information will be sent to the e-mail address on file. Please be sure this is a valid address.

	Quantity	Total
Child Care	_____ x \$30/day	_____
Meal Tickets	_____ x \$15/meal	_____
<b>Camp APA Subtotal</b>		<b>\$ _____</b>

**STEP 8: PAYMENT**

(See page 74 for instructions)

Step 2 Subtotal **Basic Registration \$ 725**  
 Step 3 Subtotal Events \$ \_\_\_\_\_  
 Step 4 Subtotal Mobile Workshops \$ \_\_\_\_\_  
 Step 5 Subtotal Orientation Tours \$ \_\_\_\_\_  
 Step 6 Subtotal Training Workshops \$ \_\_\_\_\_  
 Step 7 Subtotal CAMP APA \$ \_\_\_\_\_

Processing fee for each paper submission \$ **50.00**

**Total U.S. Dollars \$ 775**

**STEP 9: METHOD OF PAYMENT**

(See page 74 for instructions)

Check # \_\_\_\_\_ (payable to APA) \$ \_\_\_\_\_

Purchase order # \_\_\_\_\_ \$ \_\_\_\_\_  
 (copy must be attached)

Credit card

American Express Total Charged \$ \_\_\_\_\_  
 MasterCard Total Charged \$ \_\_\_\_\_  
 Visa Total Charged \$ \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARDHOLDER SIGNATURE REQUIRED \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARDHOLDER SIGNATURE REQUIRED \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

**Changes/cancellations must be received in writing by March 27, 2008.**  
**Questions?**  
 Please e-mail [registrationchanges@planning.org](mailto:registrationchanges@planning.org)  
 or call 312.334.1250

office use only			
INITIALS	DATE	C/R #	AMOUNT
	CHECK		
	PO/BILLING		
	CREDIT CARD		
	CANCELLATION	\$50/35	
	REFUNDS		
	TOTAL		

SECTION

Registration Form • Page 2 of 2



# UNIGLOBE

## Five Star Travel

**\*\*URGENT-** Please review your attached itinerary for accuracy\*\*

You have 24 hours upon receipt to notify us of any discrepancies.

After that, any costs associated with making changes, will be your responsibility.

Piedmont-Peachtree Center  
 3330 Piedmont Rd NE, Suite 11  
 Atlanta, GA. 30305  
 Phone: (404) 231-8747 (800) 486-5257  
 Fax: (404) 231-5682  
[shane@uniglobeatlanta.com](mailto:shane@uniglobeatlanta.com)

Agent: Shane Norris

Invoice No.: 195519

Date: Tuesday, March 25, 2008

File No.: ZY18S8

Customer: 7064763252

Passenger(s): ANDERSON/CHRISTOPHER

**Billing:** CHRISTOPHER ANDERSON  
 207 NORTH WARREN  
 STREET  
 MONTICELLO GA 31064

### AIR - Sunday, 27 April 2008

Delta Air Lines Flight DL39 Economy Class

**Depart:** 6:40 PM, Sunday, April 27  
 Hartsfield-Jackson ATL

Terminal South  
 Atlanta, Georgia, United States

**Arrive:** 8:04 PM, Sunday, April 27  
 Mccarran International

Terminal 1  
 Las Vegas, Nevada, United States

[Weather](#)  
[FLT](#)  
[Status](#)  
[Check](#)  
[In](#)  
 \*24  
 hours

**Status:** Confirmed  
**Stops:** Non-stop  
**Seat:** 31A (Non Smoking) Confirmed  
[Seat Map](#) \*configuration may vary  
**Meal:** Food For Purchase

**Equipment:** Boeing 757 Passenger  
**Duration:** 4 hours 24 minutes  
**Airline Conf. No:** QT9UW8

### AIR - Thursday, 1 May 2008

Delta Air Lines Flight DL1798 Economy Class

**Depart:** 3:30 PM, Thursday, May 1  
 Mccarran International

Terminal 1  
 Las Vegas, Nevada, United States

**Arrive:** 10:30 PM, Thursday, May 1  
 Hartsfield-Jackson ATL

Terminal South  
 Atlanta, Georgia, United States

[Weather](#)  
[FLT](#)  
[Status](#)  
[Check](#)  
[In](#)  
 \*24  
 hours

**Status:** Confirmed  
**Stops:** Non-stop  
**Seat:** 24C (Non Smoking) Confirmed  
[Seat Map](#) \*configuration may vary  
**Meal:** Food For Purchase  
**Remark:** PREFERRED SEATING NOT AVAILABLE. ALTERNATE SEAT ASSIGNED.

**Equipment:** Boeing 757 Passenger  
**Duration:** 4 hours 0 minutes  
**Airline Conf. No:** QT9UW8

### Fare Rules

THIS FARE IS NON-REFUNDABLE/NON-TRANSFERABLE CHANGES IF ALLOWED ARE SUBJECT TO A PENALTY FEE OF \$75 PLUS ANY FARE INCREASES RESULTING FROM THE CHANGE FAILURE TO CANCEL/CHANGE YOUR RESERVATIONS PRIOR TO DEPARTURE MAY RESULT IN THE LOSS OF ANY REMAINING VALUE

**Invoice Details**

Name	Transaction / Document	Base	Tax	Total
Anderson/Christopher	Electronic Ticket / 006 7224247949	267.90	40.60	308.50
	Form of Payment: Billed To <del>XXXXXXXXXXXXXXXXXXXX</del>			
	Agency Booking Fee / 890 8123483878	25.00		25.00
	Form of Payment: Billed To <del>XXXXXXXXXXXXXXXXXXXX</del>			
	<b>Totals:</b>			<b>333.50</b>
	<b>Charged to Credit Card:</b>		<b>USD 333.50</b>	
	<b>Balance Due:</b>		<b>0.00</b>	

**Important Information**

RESERVATION BOOKED BY: TAMMYINGRAM

PLEASE CHECK IN AT LEAST 1 HOUR PRIOR TO DEPARTURE. LATE CHECKIN MAY RESULT IN THE LOSS OF SEAT/RESERVATION. MINIMUM CHECK IN TIME IS USUALLY 30MINS PRIOR TO DEPARTURE. HOWEVER SPECIFIC CARRIER POLICIES MAY VARY-WE ADVISE CHECKING WITH YOUR CARRIER DIRECTLY FOR THEIR POLICY. A VALID GOVT ISSUED PHOTO ID IS REQUIRED AT CHECKIN AND TO CLEAR THE SECURITY CHECK POINTS. ---AIRPORT SECURITY REVISIONS--- EFFECTIVE SEPT 26, TRAVELERS MAY NOW CARRY THROUGH SECURITY CHECK POINTS TRAVEL SIZED TOILETRIES 3 OZ OR LESS. THEY MUST FIT IN ONE QUART SIZED, CLEAR PLASTIC ZIP-TOP BAG. AFTER CLEARING SECURITY, TRAVELERS CAN NOW BRING BEVERAGES AND OTHER ITEMS PURCHASED IN THE SECURE BOARDING AREA ONBOARD AIRCRAFT. VISIT [WWW.TSA.GOV](http://WWW.TSA.GOV) FOR DETAILED INFORMATION.

FREQ. FLYER NBR FOR DELTA AIR LINES NOT PROVIDED

FULL FARE: \$1588.50 / LOWEST AVAILABLE FARE: \$308.50 FARE JUSTIFICATION: L/F CONFIRMED AT TIME OF BOOKING

AFTER HOURS EMERGENCY ASSISTANCE IN N AMERICA CALL: 800-206-1533 GIVE THE AGENT VIT CODE: E6940

Sent To:  
 shane@uniglobeatlanta.com  
 ingramtammy@bellsouth.net





American Planning Association  
Making Great Communities Happen

American Planning Association's  
100th National Planning Conference  
Sunday, April 27 through Thursday, May 1, 2008

# HOUSING RESERVATION FORM

Reservation Deadline: March 27, 2008

CHOOSE ONLY ONE OPTION

**ONLINE.** www.planning.org/nationalconference (available 24 hours)

**CALL OR FAX FOR 10 OR FEWER ROOMS.** Call: 800-974-9833 (U.S. or Canada); 847-282-2529 (Outside U.S. and Canada). Available Monday-Friday, 8:00 a.m.-5:00 p.m. CST. Fax: 800-521-6017 or 847-940-2386

**FAX FOR MORE THAN 10 ROOMS.** 847-940-2137

**MAIL.** APA Housing Bureau, American Planning Association, 108 Wilnot Road, Suite 400, Deerfield, IL 60015-5124

Confirmation will be sent from the APA Housing Bureau by e-mail (if provided), fax, or mail once your reservation has been processed with deposit payment. Do not expect a confirmation from the hotel.

CONFIRMATION SHOULD GO TO (PLEASE PRINT OR TYPE)

FIRST NAME: CHRISTOPHER S. ANDERSON  
 MI: S. MI: ANDERSON  
 COMPANY: JASPER COUNTY, GEORGIA  
 STREET ADDRESS: 162 N. WARREN ST.  
 CITY: MONTICELLO GEORGIA 31064  
 STATE: GEORGIA ZIP: 31064  
 PHONE: (706) 468-4905 FAX: (706) 468-4938  
 E-MAIL: CANDERSON4425@HOTMAIL.COM

**HOTEL PREFERENCE.** Rooms are assigned on a first-come, first-served basis. If your first choice is not available, you will be assigned to the other hotel. Please keep in mind that hundreds of attendees will be making their reservations through the APA Housing Bureau, and a set limit of rooms is available in each hotel. Failure to receive your first choice does not constitute an error. Rates do not include tax, which is currently 9% (subject to change).

Hotels Available	Indicate Hotel Preference	Single	Double	Triple	Quad	Suite
Paris Hotel	✓	✓				
Bally's Hotel						

Guest Name (Bracket if Sharing)	Number in Room	Room Type*	Arrival Day/ Date	Departure Day/ Date	Non-Smoking	Physical Challenges**

\*Single (1 person); Double (2 people); Triple (3 people); Quad (4 people) \*\* Please attach a written request for special needs. Special Requests are not guaranteed. Will be made upon check-in.

**ROOM GUARANTEES.** No reservations (with the exception of those paid by check) will be accepted without a credit card guarantee. Be sure to complete the credit card information section on the reservation form. The credit card being submitted must be valid through May 2008. Wire transfers will not be accepted.

**IF YOU ARE PAYING BY CHECK.** Deposits made by check need to be equivalent to one night's room rate and tax. Checks must be made payable to the APA Housing Bureau in U.S. dollars and drawn on a U.S. bank. All reservations, changes, and cancellations must be made through the APA Housing Bureau on or before March 27, 2008. After April 10, 2008, contact the hotels directly. If you cancel within 72 hours of your scheduled arrival date you will forfeit the entire deposit (one night).

**BILL MY CREDIT CARD.** Amex  MasterCard  Visa  Discover  Diners

CARD NUMBER: [REDACTED] EXP. DATE: [REDACTED]  
 CARDHOLDER'S NAME: CHRISTOPHER S. ANDERSON  
 CARDHOLDER'S SIGNATURE: [REDACTED]

**\$81532**

**CHECK ENCLOSED.** Made payable to APA Housing Bureau in U.S. Dollars and drawn on a U.S. bank in the amount of \$ \_\_\_\_\_

HOUSING RESERVATION FORM

Housing Reservation Form

10/10/10

10/10/10

016898

JASPER COUNTY GENERAL FUND  
9058APA HOUSING BUREAU

REMITTANCE ADVICE

INVOICE DATE	03/25/2008	INVOICE NUMBER	INV# 88455 RESERVATION C. ANDERSON	GROSS AMOUNT	815.32	DISCOUNT	0.00	NET AMOUNT	815.32
					815.32		0.00		815.32