

I'VE KNOWN RIVERS

PRESENTING AFRICAN AMERICAN ARTS, CULTURE & HISTORY

2010 CONFERENCE REGISTRATION

ASSOCIATION OF AFRICAN AMERICAN MUSEUMS
Westin Convention Center, Pittsburgh, PA • Aug. 4 – 7

(Please print)

Name: _____ 2010 Membership # _____
 Title/Position: _____ Phone: _____ Fax: _____
 Organization: _____ E-mail: _____
 Mailing Address: _____ City: _____ State: _____ Zip _____

FULL REGISTRATION

Full Registration includes: Conference programs, Opening Day Luncheon, Awards Luncheon and all evening receptions.

	Advance by 7/26	Late/On-Site after 7/26	TOTAL
AAAM Member	\$300	\$345	\$ _____
Non-member	\$375	\$420	\$ _____
Full-time Student*	\$150	\$195	\$ _____

(ID required)

ONE DAY REGISTRATION

	Advance by 7/26	Late/On-Site after 7/26	TOTAL
AAAM Member	\$175	\$220	\$ _____
Non-member	\$175	\$220	\$ _____

Please circle day: THU FRI

SPECIAL EVENTS REGISTRATION

All luncheons and evening events are included with full conference registration. This section is to be completed by individuals who plan to attend Special Events only.

	No.	Cost	TOTAL
WED Evening Reception	_____	35.00	\$ _____
THU Opening Day Luncheon	_____	35.00	\$ _____
THU Evening Reception	_____	35.00	\$ _____
FRI Awards Luncheon	_____	55.00	\$ _____
FRI Evening Reception	_____	35.00	\$ _____

Names of guests:

_____, _____,

GENERAL INFORMATION

STUDENT REGISTRATION

Full-time students 18 years of age or older who are members of AAAM may register at the student rate. The registration form must be accompanied by a copy of a current college/university ID.

CANCELLATIONS/REFUNDS

All cancellations must be in writing. Cancellations received after **July 26** will be subject to a 50% cancellation fee. No cancellations will be accepted after **August 5**.

PAYMENT

All registrations, workshops, tours and special events must be prepaid. Forms received without payment will not be processed.

PAYMENT ENCLOSED:

Registration \$ _____
 Special Events \$ _____
 Pre-Conf. Workshop \$ _____
 Tour(s) \$ _____
 AAAM Membership* \$ _____

*Visit www.blackmuseums.org for membership information

TOTAL \$ _____

- Check is enclosed (payable to AAAM)
 Charge my credit card (for above amount)
 Visa MasterCard

Account No. _____

Exp. Date _____

Signature _____

Registration continued on next page

ADDITIONAL INFORMATION

Please provide the following information to help us better serve you!

Are you a PRESENTER at this year's conference?

- Yes No

If yes, what day are you presenting?

(Circle all that apply)

- Wednesday Thursday Friday
-

First Time attending AAAM Annual Conference?

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EVENTS

Please check (✓) the events that you plan to attend.

(These are included in the full registration fee.)

- Wednesday Evening Reception
 Thursday Opening Day Luncheon
 Thursday Evening Reception
 Friday Awards Luncheon
 Friday Evening Reception
-

SPECIAL REQUESTS

- Vegetarian meals
 Special Needs _____
-



Send completed registration and fees to:
AAAM 2010 Annual Conference
PO BOX 427
Wilberforce, OH 45384
(Fax) 937-376-2007

MUSEUM SURVEY

(Individual Members only)

Please indicate (✓) which of the following best describes your job:

- Administration
 Collections Management
 Conservation
 Curator
 Development
 Director / CEO
 Educator
 Exhibits
 Financial Officer
 Marketing
 Membership
 Public Relations
 Security
 Trustee / Board Member
 Visitor Services
 Volunteers
-

**The Westin Convention Center
Pittsburgh, PA**

HOTEL RESERVATION DEADLINE:

JULY 14

www.starwoodhotels.com/westin

**ADVANCE REGISTRATION
DEADLINE:**

July 26

For additional information, please contact:

William Billingsley, Executive Director
PH: 937-352-5084
billingsley@blackmuseums.org

AAAM Official Use Only:

Date Received _____ Amount Enclosed \$ _____ Check # _____ Confirmation Sent _____