

FGS/ACPL Conference Registration

Mail your completed form and payment to:

FGS/ACPL Conference, PO Box 200940, Austin, TX 78720-0940

Early Registration (Postmarked by 1 June 2007):

_____ Conference Registration (<i>Wed. through Sat.</i>)	\$155
_____ Single Day Registration (___Wed. ___Thurs. ___Fri. ___Sat.)	\$80
_____ APG Professional Management Conference (<i>APG member</i>) *	\$110
_____ APG Professional Management Conference (<i>non-member</i>) *	\$150
_____ Librarians' Day	No charge

Registration Postmarked after 1 June 2007:

_____ Conference Registration (<i>Wed. through Sat.</i>)	\$185
_____ Single Day Registration (___Wed. ___Thurs. ___Fri. ___Sat.)	\$95
_____ APG Professional Management Conference (<i>member & non-member</i>) *	\$150
_____ Librarians' Day	No charge

Special Events:

NOTE: Luncheons run concurrently.

_____ Wednesday Luncheon: FGS Delegate and Networking Luncheon	\$20
_____ Thursday Luncheons: BCG Luncheon	\$20
_____ ISBGFH Luncheon	\$20
_____ NGS Luncheon	\$20
_____ ACPL Foundation Dinner (Thursday, 16 August)	\$35
_____ Friday Luncheons: GSG/ISFHWE Luncheon	\$20
_____ ICAPGen Luncheon	\$20
_____ NEHGS Luncheon	\$20
_____ FGS Banquet (Friday, 17 August)	\$35
_____ Saturday Luncheons: APG Luncheon	\$20
_____ Family Search/FHL/GSU Luncheon	\$20
_____ IGS Luncheon	\$20

Total: _____

Special Meal Request:

_____ Vegetarian
 _____ Other (specify _____)

Check all applicable:

_____ FGS Delegate (Name of Society _____)
 _____ Society Officer
 _____ Genealogical Librarian
 _____ 1st Time Conference Attendee
 _____ ADA Requirements (specify _____)

Cancellation Policy:

Full refund granted (minus \$40 service fee) upon written request prior to 16 July 2007.

* In order to attend the Professional Management Conference, individuals must also register for at least Wednesday's FGS Conference.

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Email:** _____

Make checks payable to: FGS 2007 Conference
 If paying by credit card: Visa or MasterCard (please circle)

Card Number: _____ **Expiration Date:** _____

Signature: _____