



Tuesday Only Registration Form

Name _____

Company / Office _____

Street Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail _____

Please note that this registration includes admission to Tuesday sessions until 3:30pm only.

Amount Due: \$99 – Government Employees / Academic Employees / Full-Time Student
\$499 – Employees of Companies, Firms, Associations, and other organizations*

Payment: Check made payable to ACA in U.S. dollars
 American Express Discover MasterCard Visa

Account Number _____

Expiration Date _____ CCID# _____

Cardholder's Name _____

Cardholder's Signature _____

**Cancellation
Policy:**

Cancellations received in writing by April 15th will be refunded 50% of the registration fee.
Refunds cannot be issued after April 15th.

**PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT TO STACEY LEECH
VIA FAX AT 412.922.2110, E-MAIL AT SLEECH@AMERICANCABLE.ORG OR
MAIL AT ONE PARKWAY CENTER #212, PITTSBURGH PA 15220.
QUESTIONS? PLEASE CALL 412.922.8300 EXT. 15**

**This special, one-day rate is for individuals who wish to attend for informational or educational purposes. Solicitation of names and addresses of attendees for business purposes, distribution of commercial literature or business cards, or sale or distribution of goods or services is strictly prohibited. For more information on becoming a vendor at the ACA Summit, please contact sleech@americancable.org.*