

ARTforALL 2009

Registration Packet

ARTforALL 2009 (AFA09) will be held at the Indianapolis Comfort Inn & Suites on Friday, June 19 & Saturday, June 20, 2009. For your convenience we have reserved a block of rooms at a special discount price. Upon receipt of your registration fees, you will receive a confirmation letter with instructions for making your reservation. It is not necessary for you to stay at the hotel to participate in AFA09. However, to reserve a room for this event, you must register for AFA09 before making a reservation at the hotel, only those names on the Event Registration List will be given the special discounted room price.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Please carefully read each of the following sections, being sure to answer the questions as they apply to you.

Hotel Accommodations

Cost of your room will be determined by the number of individuals sharing the room. Each Double Bed Room contains two double beds and may be shared by up to three individuals. Each King Bed Room contains one king bed and may be shared by two individuals.

Cost per room, per night: \$75 + tax & hotel fees

Therefore:

- If shared between four individuals, then each person would pay \$19 + tax & hotel fees per night.
- If shared between three individuals, then each person would pay \$25 + tax & hotel fees per night.
- If shared between two individuals, then each person would pay \$38 + tax & hotel fees per night.

Please check all that apply to you

- I do not need a room.
- I require a room to myself.
- I require a room with a king bed.
- I want to share a room, please assign me a space based on availability.
- I want to share a room with (list up to 3 roommates, please use real names):

Meals

- Complimentary Continental Breakfast provided by the hotel each morning.
- Snacks and drinks provided during the day.
- Sandwich, Vegetable, Dessert, and Fruit trays will be provided Friday evening and Saturday afternoon.
- There will be a group dinner at a restaurant on Saturday evening.

To provide you with the healthiest eating options, please provide the following information (*Please check all that apply to you*)

- I am a vegetarian.
- I am Vegan.
- I do not eat pork.
- I do not eat beef.
- I do not eat poultry.
- I do not eat fish/shellfish.
- I am diabetic.
- I am on a restricted/medical diet or eating program.
- I am lactose intolerant.
- I have food allergies (please list on back).

Workshops

Workshops led by individuals will be available to those who are interested. Please indicate your interest and you will receive a list of workshops being offered.

Please check one

- I am interested in participating in workshops.
- I am not interested in participating in workshops.

Health

This section is optional. If you have a disability or medical condition which requires special consideration, and wish to inform the Event Coordinator, please explain in this space or attach details on a separate piece of paper. This information will not be available to anyone except the Event Coordinator and will be kept in a sealed envelope unless needed.

Responsibility Waiver

Your comfort and safety are our concern, but we are required to inform of our policy with regards to liability and responsibility. Individuals returning an unsigned waiver will not be registered.

On signing this registration form I, _____
(print full name)
fully understand and accept that all activities undertaken at the ARTforALL 2009 event are at my own risk. I am aware that organizers (atcsforall.com, mailartworld.com and illustratedatcs.com - its owners and staff) are not responsible for any loss, injury, death or damage to my person or property sustained whilst engaged in any activity at the ARTforALL 2009 event and waive any right that I have to claim compensation against the organizers in respect to any loss, up to and including injury, death or damage incurred whilst engaged in any activity for the duration of ARTforALL 2009 Event howsoever arising and whether as a result of negligence or otherwise, and I indemnify them against all claims.

Signed _____ Date _____

Registration Fee

Registration for AFA09 is a flat fee of \$60 to be paid via PayPal. A link can be found on ATCsforALL.com in the Event Forum under Registration Thread.

Event registration can be canceled on or before June 14, 2009 and a full refund will be given. However, if an individual does not cancel on or before June 14, 2009 and does not attend the event, no refund will be issued. Any individual attending the event will not be given a refund.

Please complete the registration packet, print it out, and mail it to the Event Coordinator, Cathy (crazycat) Weber:

Cathy Weber
AFA09 Event Coordinator
11105 Wood Ct.
Carmel, IN 46033
USA

If you have questions please email Cathy Weber at crazycat66@gmail.com or by phone at 317-569-9301.