



# 2012 Sportfishing Summit

OCTOBER 9-11, 2012 • WESTIN HILTON HEAD ISLAND RESORT & SPA • HILTON HEAD, SOUTH CAROLINA

## 2012 Sportfishing Summit Registration Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Email \_\_\_\_\_

\*Please be sure to include your email address. ASA will email registration confirmations.

Spouse/Guest Name \_\_\_\_\_ Email \_\_\_\_\_

### How to Register for the Summit

Please fax this form with credit card information to ASA at 703-519-1872 or send a check to ASA payable to: American Sportfishing Association and mail to: American Sportfishing Association, 1001 North Fairfax Street, Suite 501, Alexandria, VA, 22314. You may also email your registration form to [jcalabria@asafishing.org](mailto:jcalabria@asafishing.org).

#### REGISTRATION CATEGORY

Please note that pre-registration rates end Friday, September 21, after which onsite registration rates apply.

- |  |   |                     |
|--|---|---------------------|
| <input type="checkbox"/> Member \$350/\$450  | <input type="checkbox"/> Spouse \$150/\$250 | <b>Total:</b> _____ |
| <input type="checkbox"/> Non-Member \$450/\$550  | <input type="checkbox"/> Spouse \$150/\$250 | <b>Total:</b> _____ |
| <input type="checkbox"/> One-day registration (circle one: Tuesday or Wednesday) \$175 |   | <b>Total:</b> _____ |

#### TUESDAY and WEDNESDAY SUMMIT BREAKFASTS

If your spouse/guest is joining you at the Summit and would like to attend the general breakfasts, please indicate the days and provide his/her name.

- Breakfast – Tuesday, October 9       Breakfast – Wednesday, October 10

Spouse/Guest Name: \_\_\_\_\_

#### TUESDAY SPOUSES AND GUESTS WELCOME BREAKFAST

If your spouse/guest is joining you at the Summit and would like to attend the Spouses and Guests Welcome Breakfast instead of the general breakfast, please provide his/her name and email.

- Breakfast – Tuesday, October 9, 8:30 a.m. – 9:30 a.m.

Spouse/Guest Name: \_\_\_\_\_ Email \_\_\_\_\_

#### PAYMENT

- Check  MC  VISA  AMEX Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Total registration fees: \$ \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

Only one form per registrant and spouse/guest is needed. Please note that registration will not be processed without payment and is not guaranteed until you receive confirmation from ASA. **Registration fees will be refunded in full if registration is cancelled by Friday, September 21. Questions? Please call Jill Calabria at 703-519-9691 x234.**