



TWO WAYS TO REGISTER

1. Register online at www.2014njplanningconference.com, or
2. Complete the paper registration form and mail to APA-NJ, PO Box 813, New Brunswick, NJ 08903 - \$10 processing fee

Cancellations and changes must be received by email by 1/15/13
 There is a \$25 processing fee for cancellations. No refunds on-site.
 Questions/Changes - Email: office@njplanning.org or call 848.932.2817

CONTACT INFORMATION (please print)

First Name: _____ Last Name: _____

Name (as you'd like it to appear on your badge i.e. John Doe, AICP, PP): _____

Affiliation (employer/agency/organization/school): _____

Mailing Address: _____

City, State and Zip: _____

Phone: _____ Email: _____

REGISTRATION

REGISTRATION OPTIONS	BY 1/15/14	AFTER 1/15/14
Full Conference - Price includes all general sessions, breakfast, lunch, and receptions on Thursday and Friday.		
<input type="checkbox"/> APA-NJ Member	\$300	\$350
<input type="checkbox"/> Non-Member	\$350	\$400
<input type="checkbox"/> Student	\$200	\$225
Thursday or Friday Only - Price includes all general sessions, breakfast, lunch, and reception on Friday.		
<input type="checkbox"/> Thursday Only		
<input type="checkbox"/> Friday Only		
<input type="checkbox"/> APA-NJ Member	\$200	\$225
<input type="checkbox"/> Non-Member	\$225	\$250
<input type="checkbox"/> Student	\$100	\$125

For more information visit: www.2014njplanningconference.com



Tell Us About Yourself

In order to accommodate all of our attendees, please let us know if you will be attending the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Thursday 1/23 Breakfast | <input type="checkbox"/> Thursday 1/23 Lunch | <input type="checkbox"/> Thursday 1/23 Reception |
| <input type="checkbox"/> Friday 1/24 Breakfast | <input type="checkbox"/> Friday 1/24 Lunch | <input type="checkbox"/> Friday 1/24 Reception |

Additional accommodations: Vegetarian Meals

Other (Describe): _____

Payment

CHECK # _____ GOVERNMENT VOUCHER # _____

(Payable to American Planning Association - New Jersey Chapter)

CREDIT CARD: Mastercard Visa American Express

Card Number: _____ Exp: _____

Name of Cardholder (Print): _____

Cardholder's Signature: _____

Registration Subtotal	\$ _____
Paper Processing Fee	\$10
TOTAL PAYMENT	\$ _____

Mail form and payment to:

APA-NJ
PO Box 813
New Brunswick, NJ 08903