



The 22nd Annual ALSD Conference & Tradeshow

June 30 – July 3, 2012
Minneapolis Hilton
Minneapolis, MN

REGISTRATION FORM

Registration fees include all seminars, course materials, venue tours, and hospitality receptions.

ATTENDEE SIGN-UP

Please complete a registration form for each attendee. Payment information only needed once if paying for all attendees from a team/company.

CANCELLATION

Thirty (30) or more days before show: 75% refund. Less than thirty (30) days before show: Credit for following year's show; no monetary refund.

Organization _____

First Name _____

Last Name _____

Title _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Cell Phone _____

Yes, I would like text messages during the ALSD Conference
*ALSD will have an opt-in Text Program. Texted updates/
information sent to your cell phone (Ex. "ALSD buses depart 5:00
p.m for Venue Tour" or "2:30 Sales Session moved to Conference
Room #2")

E-mail _____

- | | |
|------------------------------|------------------------------------|
| League | <input type="radio"/> College |
| <input type="radio"/> NFL | <input type="radio"/> Minor League |
| <input type="radio"/> NBA | <input type="radio"/> Racing |
| <input type="radio"/> NHL | <input type="radio"/> F&B |
| <input type="radio"/> MLB | <input type="radio"/> IT |
| <input type="radio"/> Soccer | <input type="radio"/> Other: _____ |

Member: Yes No
 I would like to sign up for membership;
send materials

PRICING:

January 1, 2012 – March 16, 2012

		No. of Attendees
First ALSD Member	\$750	_____
Add'l ALSD Member	\$700	_____
Non-ALSD Member	\$850	_____

March 16, 2012 – ALSD Conference

First ALSD Member	\$800	_____
Add'l ALSD Member	\$750	_____
Non-ALSD Member	\$900	_____

Group Discount
Sign up 3 Attendees at Regular Price
Get the 4th for ½ Price and the 5th for FREE

ALSD Guest/Spouse Program: Extra credentials are \$200 each and will grant guest(s) access to all tours and receptions. Kids under the age of 14 are free.

Guest/Spouse \$200 _____

Guest Name: _____

Total: \$ _____

PAYMENT

Payment Information:

American Express Discover Mastercard Visa

Card Number: _____

Exp. Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Check made payable to: ALSD or Association of Luxury Suite Directors

Host Hotel Information:

Hilton Minneapolis
1001 Marquette Avenue
Minneapolis, MN 55403
1-888-933-5363

Reservations:

Group Name: ALSD or Association of Luxury Suite
Directors Annual Meeting

Group Rate: \$155/night

Fax, E-mail or Mail form to:

Amanda Verhoff
ALSD
10017 McKelvey Road, Cincinnati, OH 45231
E: Amanda@alsd.com
P: 513-674-0555 x104 F: 513-674-0577

