

AMERICAN JUDGES ASSOCIATION/AMERICAN JUDGES FOUNDATION
 58TH ANNUAL EDUCATIONAL CONFERENCE **SEPTEMBER 23-28, 2018**
 MARRIOTT RESORT KAUA'I LIHUE, HAWAII

First Name: _____ Last Name: _____
 Court/Organization/Company: _____
 Title: _____
 Address: _____
 City: _____ State/Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 E-Mail: _____

I am a new AJA Member This is my first AJA Meeting I am not an AJA member

Please indicate how you would like your name tag to read, if different than above: _____

Please indicate any physical or dietary needs that require special attention: _____

Full name of attending Guest/Spouse: _____

Full name(s) of attending children: _____

The information provided below will be used to register and guarantee the number of attendees for the social functions. **Once you have submitted the registration form and have to make any changes to your selections, please contact AJA as soon as possible.** Inaccurate guarantees may mean that the hotel will not be able to accommodate all who plan to attend.

	Participant		Guest/Spouse	
	Yes	No	Yes	No
Welcome Reception (Sunday, September 23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luncheon (Monday, September 24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception/Dinner (Wednesday, September 26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER REGISTRATION FEES:

\$495 US (payment received on or before July 2, 2018) \$ _____
 \$525 US (payment received after July 2, 2018) \$ _____
 \$175 US Guest/Spouse Fee (payment received on or before July 2, 2018) \$ _____
 \$200 US Guest/Spouse Fee (payment received after July 2, 2017) \$ _____
 \$55 US **Optional** Waimea Canyon Tour (includes lunch) \$ _____
Total Due \$ _____

NON-MEMBER REGISTRATION FEES:

\$600 US \$ _____
 \$250 US Guest/Spouse Fee \$ _____
Total Due \$ _____

Payment Method
 Enclosed is a check for \$ _____ payable to AJA (Federal Tax ID #84-0505908)
 Charge \$ _____ to: MasterCard Visa Discover
 Card#: _____ Exp. Date: Mo: _____ Year: _____
 Security Code: _____
 Signature (required for all charge orders) _____

Cancellations must be submitted in writing; all cancellations will incur a \$50 US processing fee (\$25 US for guest/spouse fees).

Please mail completed registration form along with payment to:

American Judges Association
 c/o National Center for State Courts, 300 Newport Avenue, Williamsburg, VA 23185-4147
 Toll Free (800) 616-6165 Phone (757) 259-1841 Fax (757) 259-1520 drepeta@ncsc.org