

AIM REGISTRATION AND HOUSING FORM

Mail To: AIM REGISTRATION, P.O. Box 240177, Milwaukee, WI 53224

DEADLINE - May 15.

The deadline for registration and housing requests is May 15. Requests received after the deadline may result in a hotel assignment that is not on our list.

CANCELLATIONS

All conference registration and housing deposits are **NON-REFUNDABLE**

INSTRUCTIONS

1. Complete the housing and registration form.
2. Enclose **ONLY ONE FORM OF PAYMENT** for BOTH registration and hotel deposit.
3. Mail payments to:
AIM P.O. Box 240177, Milwaukee, WI 53224
4. Send regular US mail. Do not over night. The fastest way is online. www.cogiccas.org.

5. To ensure you are at the same hotel with your family and friends, submit ALL forms under the SAME confirming party name and at the same time.
6. **GROUPS** - Submit ALL forms under the same confirming party name and at the same time.
7. Due to the shortage of double beds in many hotels, you **MUST** register as least one adult and one other registration. (You must have two registered people to get a double)
8. **AN ADULT REGISTRATION FEE(S) AND A HOTEL DEPOSIT OF \$150 ARE REQUIRED FOR EACH ROOM REQUESTED.**
9. All conference registration and housing deposits are **NON-REFUNDABLE.**
10. You must complete the registration form to ensure that your registration is processed correctly.
11. **NO PERSONAL CHECKS ACCEPTED.**

12. We do NOT guarantee your choices of hotels. All hotels are assigned on a first come, first serve basis.
13. We do guarantee that you will be assigned to one of the hotel choices listed on your registration and housing form. Again, all hotels are assigned on a first come, first serve basis. Additionally, depending upon when you register, you may be assigned to a hotel not on the list.
14. In the event that your hotel preferences are not available, every effort will be made to assign comparable housing based on your choice.
15. Bed types are not guaranteed and are assigned based on the numbers of registrations per hotel request and on a first-come, first served basis.
16. Rollaway bed requests will be automatically charged according to the individual hotel charge, if requested.
17. Please do not contract the hotel until you have received your assigned hotel, confirmation from AIM housing.

Group Leader: (First, Last Name) _____ If you have multiple forms only.

If you have a person that is a point of contact for multiple forms this will help keep you rooms and registrations together.

CONFIRMING PARTY: (First, Last Name): _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Home: () _____ Cell: () _____ Work: () _____

PAYMENT	Card# _____ Expiration _____ Security Code: _____ Name on Card: _____
	Check/MO (Amount) \$ _____ Check/Money Order# _____ Signature: _____

*T-SHIRTS SIZE (A) for ADULT S M L XL 2X(+2) 3X(+\$4) 4X(+\$6) 5X(+\$8) (C) for CHILD S M L XL

Title	First Name	Last Name	Email	**Reg Type	Shirt Size	Amount
Person 1: _____						\$ _____
<input type="checkbox"/> MISSIONS <input type="checkbox"/> EVANGELISM <input type="checkbox"/> MUSIC <input type="checkbox"/> YOUTH <input type="checkbox"/> SUNDAY SCHOOL <input type="checkbox"/> OTHER						
Person 2: _____						\$ _____
<input type="checkbox"/> MISSIONS <input type="checkbox"/> EVANGELISM <input type="checkbox"/> MUSIC <input type="checkbox"/> YOUTH <input type="checkbox"/> SUNDAY SCHOOL <input type="checkbox"/> OTHER						
Person 3: _____						\$ _____
<input type="checkbox"/> MISSIONS <input type="checkbox"/> EVANGELISM <input type="checkbox"/> MUSIC <input type="checkbox"/> YOUTH <input type="checkbox"/> SUNDAY SCHOOL <input type="checkbox"/> OTHER						
Person 4: _____						\$ _____
<input type="checkbox"/> MISSIONS <input type="checkbox"/> EVANGELISM <input type="checkbox"/> MUSIC <input type="checkbox"/> YOUTH <input type="checkbox"/> SUNDAY SCHOOL <input type="checkbox"/> OTHER						

COMPLETE ONLY IF YOU NEED HOTEL ACCOMMODATIONS

TOTAL ENCLOSED FOR REGISTRATION \$ _____

HOTEL PREFERENCE	Choice 1: _____	Choice 2: _____	Choice 3: _____	Arrival _____	Departure _____
TYPE OF ROOM	<input type="checkbox"/> KING BED (1-2 Registered Guest)	<input type="checkbox"/> DOUBLE BED (2-4 Registered Guests)	<input type="checkbox"/> DISABILITY ROOM	TOTAL HOUSING DEPOSIT \$ _____	

Hotel reservation will not be made for rooms without at least one registered adult and a \$150 room deposit!