Council of Administrators of Family and Consumer Sciences
Conference Registration Form
Friday, February 5 - Sunday, February 7, 2010
Humphreys Half Moon Inn & Suites, San Diego, CA 92106
Theme—The Future of the Past: Celebrating 50 Years of Leadership in FCS

Participant Information:

Name: Title:
Mailing Address:
City: State: Zip Code:
Phone:
Organization/Institution:
Email:
FAX:

Conference Fees (includes dinner, breakfast, lunch, brunch, and program sessions):

	Before December 15, 2009	**After December 15, 2009**
Member	$ 225.00	$ 275.00
Non-member	$ 250.00	$ 300/00

Registration Fee…….$ _____

Payment: Make checks or money orders payable to:
Council of Administrators of Family and Consumer Sciences
CAFCS Taxpayer ID Number is 74-2146951
(No purchase orders or credit cards accepted.)

Program –The program begins Friday evening and concludes on Sunday morning.

Hotel Accommodations: Humphreys Half Moon Inn & Suites, 2303 Shelter Island, San Diego, CA 92106
Room rate: Single/Double @ $ 119.00 + tax.

Call the hotel to register for a sleeping room: 619-224-3411 or 800-542-7400. Be sure to mention that you are attending the CAFCS Conference when making your reservation in order to receive the conference rate.

Please make hotel reservations by January 5, 2010. Reservations made after that date cannot be guaranteed at the conference rate and requests will be honored on a space available basis. Please be sure to confirm the cancellation policy of the hotel at the time of registration.

Additional Instructions:

Deadlines: Prepaid conference registration must be submitted no later than January 10, 2010. Please use one form per person.
Payment information: Registration forms must be accompanied by full payment in order to be processed. No conference registrations will be accepted by telephone.
Confirmation: An email confirmation of your conference registration will be sent within two days of receipt.
Complimentary Airport Shuttle for Pickup – Call the hotel at 619-224-3411 from the baggage claim area after retrieving luggage.
Hotel Guest Parking: $10 per vehicle, per night.
Hotel Check-In: 4:00 p.m. and check-out time is 12:00 noon of day of departure.

Special Requirements:

_____ Dietary: _____ _____ Sign Interpreter
_____ TDD _____ Wheelchair access

Return completed form and payment to: CAFCS Conference Registration
c/o Kappa Omicron Nu
4990 Northwind Drive, Suite 140, East Lansing, MI 48823-5031
Phone: (517) 351-8335 - Email: dmitstifer@kon.org

Registration Refund Policy:
Requests for refunds must be made in writing, and are subject to a 15% service fee. A full refund, less service charge, will be made for requests postmarked by January 10, 2010. No refunds will be made after January 10, 2010.