

2009 AAJA CONVENTION REGISTRATION

In advance of convention, return your completed Membership Application (if applicable) with this Convention Registration form. All information is required to process your registration. **Send form(s) and payment to: AAJA CONVENTION REGISTRATION, 1182 Market Street, Suite 320, San Francisco CA 94102 or fax 415-346-6343.**

CONVENTION REGISTRATION HOURS: Seaport World Trade Center, Wed, Aug 12 to Fri, Aug 14, 8 am to 5 pm; Sat, Aug 15, 8 am to Noon

For questions about registering, contact Antonio Salas, AAJA Membership & Chapter Development Manager, at 415-346-2051 ext. 105 or convention@aja.org.

REGISTRATION RATES

DEADLINES	2009 MEMBER	NON-MEMBER	STUDENT MEMBER	STUDENT NON-MEMBER	SPOUSE/PARTNER (NON-JOURNALIST)
ON-SITE FULL REGISTRATION	\$375	\$500	\$200	\$250	\$240
	WED	THURS	FRI	SAT	
ONE-DAY REGISTRATION (Please circle date/s)	\$200	\$200	\$200	\$200	

CONTACT INFORMATION (PLEASE PRINT CLEARLY & FILL OUT ALL INFORMATION)

Mr. Ms. First Name _____ Middle Initial _____ Last Name _____

Job Title _____ Spouse/Partner's Full Name (convention registration payment enclosed) _____

Company or School _____

Work Home Address _____

City _____ State _____ Zip _____ Country _____

Day/Cell Phone _____ Evening Phone _____ Fax _____

E-mail _____

ABOUT YOU

Check all that apply, so we can better serve your needs at convention:

- First time attending convention
- Professional journalist: ____ yrs. (important)
- Special needs: _____
- Vegetarian Allergies: _____

Special Events are free for full convention registrants, but tickets will be required. One-day registrants must pay for ticketed events. Tickets given at check-in. Select events you plan to attend:

- Opening Reception, Wed. evening, Aug. 12, (see payment info)
- Gala Scholarship & Awards Banquet, Sat. evening, Aug. 15 - surcharge to apply (see payment info)

Photo & Information Release

- All convention attendees are subject to be photographed/videotaped, including at workshops and events, for AAJA publicity.
 - AAJA will be publishing a directory of convention registrants, to be distributed to attendees.
- I give AAJA permission to publish my name, title, company and e-mail address in a directory of convention registrants, to be distributed at convention to attendees.

PAYMENT INFORMATION

- Full/One-Day Registration (refer to table above) \$ _____
- Spouse/Partner Registration* (refer to table above) \$ _____
- Special Event Tickets**
- Full Registrants ONLY: \$10 gala surcharge x ____ \$ _____
- Opening Reception (\$50 per ticket) \$ _____
- Gala Scholarship & Awards Banquet (\$200 per ticket) \$ _____
- AAJA Power of One (support operations, tax deductible) \$ _____

TOTAL ENCLOSED \$ _____

IMPORTANT POLICIES REFUNDS: No refunds are accepted. **TRANSFERS:** Transferring convention registration is prohibited without authorization from the AAJA National Office. All requests must be submitted in writing by the current registrant. A \$25 administrative fee will be required for transfer requests. The request must include the following: transfer fee, name and signature of original registrant, and the name, title, company/institution, e-mail address and phone number of person receiving the transferred registration.

PAYMENT METHOD

- Check or Money Order enclosed, payable to "AAJA" in U.S. dollars.
- I authorize AAJA to charge my credit card for the above amount: Visa MasterCard AmEx

Credit Card Account No. _____ Expiration Date _____

Name (as it appears on card) _____ 3- or 4-Digit Verification Code* _____

* AmEx, 4-digit code is on card front above account number. Visa and MasterCard, 3-digit code is on card back at end of signature plate.

AUTHORIZATION I agree with all information stated on this form:

Signature (REQUIRED) _____ Date _____

AAJA MEMBERSHIP APPLICATION 2009

Send completed form with payment to: AAJA MEMBERSHIP, 1182 Market Street, Suite 320, San Francisco CA 94102 or fax 415-346-6343.
 OR join or renew your membership to the Asian American Journalists Association at www.aja.org. See site for membership definitions and benefits.
 Memberships are based on calendar year and will be valid through December 31, 2009.

For questions about membership, contact Antonio Salas, AAJA Membership & Chapter Development Manager, at 415-346-2051 ext. 105 or AntonioS@aja.org.

MEMBERSHIP TYPE

New (First-Time) Member Renewing Member

Choose the classification applicable to you (see www.aja.org for definitions):

\$65 - Full \$25 - Retired \$100 (GOLD) Full \$750 (PLATINUM) Full
 \$65 - Associate \$25 - Student \$100 (GOLD) Associate \$750 (PLATINUM) Associate

CONTACT INFORMATION (PLEASE PRINT CLEARLY & FILL OUT ALL INFORMATION)

Mr. Ms. First Name Middle Initial Last Name

Job Title Spouse/Partner's Full Name (convention registration payment enclosed)

Company or School

Work Home Address

City State Zip Country

Day/Cell Phone Evening Phone Fax

E-mail

Check if you are with Ethnic Media Check if you want to receive select non-AAJA mailings regarding media opportunities

If applicable, check one: Newspaper Television Magazine Radio Online Media School/University Other

CHAPTER

Choose only one:

Arizona North Carolina
 Asia Philadelphia
 Atlanta Portland
 Chicago Sacramento
 Florida San Diego
 Hawai'i San Francisco Bay Area
 Los Angeles Seattle
 Michigan Texas
 Minnesota Washington, D.C.
 New England At-Large
 New York

PAYMENT INFORMATION

Membership Dues \$ _____

I would like to make a tax-deductible donation for:

AAJA National Endowment Fund \$ _____

AAJA National Scholarships & Internships \$ _____

Please specify (optional) _____ \$ _____

Executive Leadership Program \$ _____

J Camp for High School Students \$ _____

General support where needed \$ _____

TOTAL \$ _____

Check or Money Order enclosed, payable to "AAJA" in U.S. dollars.

I authorize AAJA to charge my credit card for the above amount: Visa MasterCard AmEx

ETHNICITY/RACE

Check all that apply (optional*):

Chinese Pacific Islander _____
 Filipino Middle Eastern _____
 Japanese South Asian _____
 Korean Southeast Asian _____
 Multiracial _____
 Other _____

Credit Card Account No. Expiration Date

Name (as it appears on card) 3- or 4-Digit Verification Code*
* AmEx, 4-digit code is on card front above account number. Visa and MasterCard, 3-digit code is on card back at end of signature plate.

AUTHORIZATION I agree with all information stated on this form:

Signature (REQUIRED) Date

* Information assists AAJA with census tracking. Ethnicity/Race is not a criteria for membership acceptance.