



ARTHUR W. PAGE SOCIETY

26th ANNUAL CONFERENCE SEPTEMBER 13-15, 2009

Four Season Hotel Chicago
120 East Delaware Place, Chicago, Illinois

MEMBER**SPOUSE/COMPANION**

Full Name

Full Name

Position

Preferred Name for Badge

Company

Address

City, State Zip

Phone, Fax

Email

Special Dietary Restrictions:

Special Dietary Restrictions:

CATEGORY	REGISTRATION FEE BY AUGUST 1	LATE REGISTRATION FEE AFTER AUGUST 1
<input type="checkbox"/> Individual Member Registration	\$1,895	\$2,295
<input type="checkbox"/> Educator/Life Member Registration	\$895	\$1,045
<input type="checkbox"/> Honorary Member Registration	\$0	\$0
<input type="checkbox"/> Spouse/Companion Registration	\$695	\$795

PAYMENT METHOD **Check** in the amount of \$ _____ .00 is enclosed. **Credit Card Authorization** MasterCard VISA American Express
(Note: A \$10 handling fee will be added to all credit card charges.)

Credit Card Number: _____ Expiration: _____ CVV2 _____

Signature _____

Credit Card Billing Address _____ Zip Code _____

HOTEL RESERVATIONS

Please call The Four Seasons Hotel Chicago directly at **1 (312) 280-8400**. Call or book by **August 18, 2009** for the group rate of \$295 (King) plus taxes. Please be sure to mention the Arthur W. Page Society to receive the group rate.

REGISTRATION FEES ARE NON REFUNDABLE & NON TRANSFERABLE

Fax or mail completed registration form and your payment to:
Arthur W. Page Society, 317 Madison Avenue, Suite 2320, NY, NY 10017
Phone: 212-400-7959 Fax: 212-922-9198