



ORDINARY PEOPLE  
EXTRAORDINARY  
**CHANGE**

## 2007 AGM REGISTRATION FORM

AGM Registration fees contribute only 10% of the actual expenses of this weekend long Conference. Registration fee includes FREE breakfast for participants during each day of the meeting, quality panels, educational workshops, and renowned speakers, meeting space facilities, light fare at the Welcome Reception and much more!

### GENERAL REGISTRATION DEADLINE MARCH 2, 2007 (check one)

- Student/Limited Income rate: \$65, \$75 non-member
- Regular rate: \$80, \$100 non-member
- Sponsor rate: \$100, \$120 non-member
- Saturday-only rate: \$30

Please Print

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Type of Card:**  VISA  AMEX  DISCOVER  MASTERCARD

**CVV #** \_\_\_\_\_ **TOTAL PAYMENT INCLUDED \$** \_\_\_\_\_

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <b>Are you a member of AIUSA?</b>                    | <input type="radio"/> Yes            | <input type="radio"/> No            |
| <b>Which best describes your role with AIUSA?</b>    | <input type="radio"/> Local Group    | <input type="radio"/> Student Group |
|  | <input type="radio"/> Network Member | <input type="radio"/> Staff         |
|  | <input type="radio"/> Other          |                                     |
| <b>How long have you been active with AIUSA?</b>     | <input type="radio"/> 0-2 years      | <input type="radio"/> 2-5 years     |
|  | <input type="radio"/> 5-10 years     | <input type="radio"/> 10+ years     |
| <b>Is this your first time attending the AGM?</b>    | <input type="radio"/> Yes            | <input type="radio"/> No            |
| <b>Did you attend a Regional Conference in 2006?</b> | <input type="radio"/> Yes            | <input type="radio"/> No            |

**Americans with Disabilities Act requirements or needs, if applicable:**

AGM Office  
600 Pennsylvania Ave, SE SUITE #500  
Washington, DC 20003

Please complete the above and mail, with payment, to:

Or

FAX this form to:  
(202) 546-7142 attn: AGM Office

\* Please make checks payable to Amnesty International USA