

Registration

ABC Southeastern Regional Conference
March 8 – 10, 2012
Hilton St. Petersburg Bayfront
333 First Street South
St. Petersburg, FL 33701-4342
727-894-5000

Salutation	First Name	Middle Initial or Name	Last Name
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Address Line 1

Address Line 2

City	State	Postal Code	Country
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E-mail Address

Please write your name-tag information below:

First Name or Nickname for name-tag	Professional Affiliation
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Are you a first time attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a presenter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Non-members: Take advantage of this special opportunity to join the ABC. Members receive four issues of the *Journal of Business Communication* and four issues of the *Business Communication Quarterly*. Current members may also renew memberships using the spaces provided below.

- MEMBERSHIP DUES (U.S. funds only)**
- Sustaining Membership (Electronic versions of JBC and BCQ; additional \$20 subsidizes student presenters at ABC annual convention) \$ 80
 - Sustaining Membership (Hard copy and electronic versions JBC and BCQ; additional \$20 subsidizes student presenters at ABC annual convention) \$ 100
 - Active Membership (Hard copy and electronic versions *JBC* and *BCQ*) \$ 80
 - Active Membership (Electronic versions of *JBC* and *BCQ*) \$ 60
 - Retired Membership (Hard copy and electronic versions *JBC* and *BCQ*) \$ 30
 - Special Full-Time Student Membership (Electronic versions of *JBC* and *BCQ*) \$ 30
- (Department Head Verification Required)**

REGISTRATION FEES (U.S. funds only) Includes reception March 8 and lunch March 9

- Registration Fee for ABC Members \$ 125
- Registration Fee for Non-Members \$ 150
- Full-Time Student Registration Fee \$ 75
- Registration Fee for Retirees \$ 100

TOTAL US \$ _____

Payment Information (U.S. funds only, make checks payable to the Association for Business Communication)

Payment method: (check one) <input type="checkbox"/> Check	Card Number	CSC Code (3 digits on back of card)	Expiration Date
<input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			

Full Name (as it appears on the credit card)	Billing Address / Postal Code (as it appears on the credit card statement)
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Signature (Credit card transactions will not be accepted without authorizing signature from customer)	
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E-mail Address of credit card holder if different than member:	
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Please return this form by February 29, 2012 to:

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Blacksburg, VA 24061 USA

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