

**Fall Seminar 2009**  
**“Marketing for Camp Directors, Managers, and Owners”**

**Jodi L. Rudick, MAS**

**President, ADvisors Marketing Group**

Complete and mail, email, or fax *with full payment to:*

ACA New England  
Fall Seminar Registration  
80 Westview St  
Lexington, MA 02421  
Fax: 781.541.6084

Indicate location choice:  Concord, MA - Oct 27<sup>th</sup> (2pm to 5:30pm)  
 Portland, ME - Oct 28<sup>th</sup> (9:30am to 1pm)

Name: \_\_\_\_\_

Camp/Company \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Check one:  I prefer to receive communications about this event via email

I prefer to receive communications about this event via regular mail

ACA Member or Camp #: \_\_\_\_\_ (if applicable)

**FEES:**

ACA Member \$55

Staff at Accredited or Affiliated Camp \$55

Non-Member \$75

Donation to the Annual Fund \$ \_\_\_\_\_

**Total Amount due/enclosed \$ \_\_\_\_\_**

*Special rates for full-time students & retirees are available.*

*Contact Donna at the ACA New England Office for more*

*information: [donna@acane-camps.org](mailto:donna@acane-camps.org)*

*781-541-6080*

*Registration Deadline: October 23, 2009*

**Payment information:**

I have enclosed a check

I will pay by credit card

MC / VISA # \_\_\_\_\_

exp \_\_\_\_/\_\_\_\_ 3 digit Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_