

USPA Conference 2010 Hotel / Rates / Reservations

The InnPlace Hotel and Conference Center, 9700 Bluegrass Parkway Louisville, KY 40299, is located minutes away from the airport and has ample parking and many restaurants nearby. We have a block of rooms reserved at a special conference rate but they fill up fast so it is best to make your reservations well in advance. Contact the hotel and ask for the USPA block of rooms.

Phone: (502) 491-4830

Special rate double room: \$74.00 (plus tax) until 3:00 p.m. July 1st, 2010

Regular rates after 3:00 p.m. July 1st, 2010

Registration Form: Please return this form to: USPA 409 Marquette Dr., Louisville, KY 40222

Name _____ Phone _____

Street Address _____ Email _____

City _____ State _____ Zip _____

Full conference fees include: all presentations, exhibitors hall, bookstore, wine / cheese social & banquet
Workshops are a separate item. Please circle the appropriate fee

If postmarked before	May 30th	July 1st	After July 1st or at the door	
USPA member/Family	\$199 / 349	\$239 / 429	\$264 / 449	\$ _____ (A)

*** Membership(s) required to attend conference & workshops. Please circle one fee**

General: (single)	\$ 35 - (1 yr)	\$ 90 (3 yrs)	\$140 (5 yrs)	
Family: (Max 4 related persons at one address. Please submit separate sheet with additional names.)				
(No Firms or Assn.)	\$100 - (1 yr)	\$264 (3 yrs)	\$ 450 (5 yrs)	
Student (Full time) / Military	\$ 20 - (1-yr)			
				\$ _____ (B)

Daily Fees (do not include special or social events)

Single full day lectures	# _____	@ \$100 = _____	
Single lecture	# _____	@ \$ 25 = _____	\$ _____ (C)

Workshops and special events - separate fees: \$40 each 3 hr session

Session #1 Sun p.m. (7 - 10 p.m)	# _____	@ \$ 40 = _____	
Session #2 Mon a.m. (9 - Noon)	# _____	@ \$ 40 = _____	
Session #3 Mon p.m. (1:30 - 4:30 p.m.)	# _____	@ \$ 40 = _____	\$ _____ (D)

Phone: USPA Office: (502) 429-6600 Fax: USPA Office (502) 429-4924

Email: uspsychotronics@aol.com

Fees in U.S. dollars only - payable to USPA

Please charge to (circle): **VISA** **Mastercard**

Signature _____

Card No: _____

Exp. date _____ Check enclosed # _____

Total Due \$ _____

Paid w/ Reg. \$ _____

Bal Due (or Ref) \$ _____

Office only: Banquet ticket # _____

Initial _____ **Date** _____