



7 Hour USPAP Registration Form & Hotel Reservation

Association of Machinery and Equipment Appraisers • 315 South Patrick Street • Alexandria, VA 22314
Phone 703 836 7900 • Fax 703 836 9303 • amea@amea.org • www.amea.org

September 11th or September 12
The Drake Hotel, Chicago, IL

Program Schedule Options

Saturday	or	Sunday
11AM Start		9AM Start
2PM Break		12PM Lunch
2:20PM Resume		1PM Resume
4:30PM Break		4:30PM Test
4:55PM Resume		5:30PM End
5:30PM Test		
6:30PM End		

(Cost of the registration includes breaks and the 2010-2011 USPAP Book & Student Manual)

Registration Information

Full Name _____

Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

Check only one "X" box:

<input type="checkbox"/>	Saturday, 9/11/10-7 hour USPAP	Member (AMEA/EAANA)	\$300.00
<input type="checkbox"/>	Saturday, 9/11/10-7 hour USPAP	Non-Member	\$350.00
<input type="checkbox"/>	Sunday, 9/12/10-7 hour USPAP	Member (AMEA/EAANA)	\$300.00
<input type="checkbox"/>	Sunday, 9/12/10-7 hour USPAP	Non-Member	\$350.00

Registration Deadline:
September 3, 2010

Hotel Information

Hotel: The Drake Hotel, 140 East Walton Place, Chicago, IL 60611 **Rate:** \$249.00 Single - \$269.00 Double
Deadline: August 18, 2010

Date of Arrival: _____ Date of Departure: _____

Check One: _____ Two Double Beds _____ King Bed

Sharing with (if applicable): _____

List below any special room requirements or dietary restrictions: _____

Your reservation request below is required by August 18th to AMEA or MDNA to be included on the rooming list. A credit card is required to guarantee your room.

YES or NO Please indicate if you would like your credit card to be used for the USPAP registration and hotel reservation (please circle one).

Payment Information

Submit check to: AMEA, 315 S. Patrick St., Alexandria, VA 22314 or pay by credit card below:

Circle one: American Express Discover MasterCard Visa

Credit card number: _____ Expiration Date: _____

Print name as it appears on the card: _____ CVV2 Code: _____

Address: _____ City: _____ State: _____ Zip: _____

Amount to be charged: \$ _____ Signature: _____

The charge will appear on your statement as MDNA. Thank you!