UNITED STATES AQUATIC SPORTS CONVENTION XXX – DELEGATE REGISTRATION

HYATT REGENCY O'HARE ROSEMONT, ILLINOIS SEPTEMBER 14-20, 2009

DELEGATE REGISTRATION FORM

PLEASE PRINT LEGIBLY OR TYPE

NAME			NAME OF YOUR LSC/LDC/LMSC/ASSN				
ADDRESS							
CITY			STATE	STATEZIP CODE			
PHONE NUMBER W/ AREA CODE (home)				(cell)			
E-MAIL							
FIRST NAME OR NI	CKNAME FOR	BADGE					
SPORT (CIRCLE)			USSS Synchro				
PLEASE CHEC	K THE BOX	X IF THIS	IS YOUR FIR	RST CONVE	ENTION		
REGISTRATION FE	Postmarked A	August 25, 2009	009 (early bird) or later	\$ 175.00			

YOU MUST REGISTER TO ATTEND ANY OF THE MEETINGS OR TO BE ELIGIBLE FOR THE SPECIAL CONVENTION ROOM RATE.

This registration form must be accompanied by your check or money order for the appropriate registration fee (\$150.00 or \$175.00) made payable to **UNITED STATES AQUATIC SPORTS** (**USAS**).

You are responsible for making your hotel reservations directly with the Hyatt Regency O'Hare by using the link shown below or by calling Hyatt Regency reservations at 800-233-1234. http://ohare.hyatt.com/groupbooking/chiroaqua2009.

SEND THIS FORM WITH YOUR DELEGATE REGISTRATION FEE TO:

USAS DELEGATE REGISTRATION 16700 INDIGO ROAD LAKEVILLE, MN 55044-5613

<u>Please do not mail anything to this address after September 4, 2009. After this date, please hand carry delegate</u> registration form and payment (cash or check) to the convention.

REGISTRATION REFUND POLICY: Send registration inquiries to <u>usasregistration@live.com</u>. Requests for delegate cancellations must be postmarked or received by email not later than August 24, 2009. Send requests to the email address or address shown above.

Please note that on site registrations must be paid by cash or check.