



**EPIC Fall Conference**  
**Monday, October 19<sup>th</sup>**  
**11:00am to 4:30pm**  
**Hudson Guild Community Center**  
**441 West 26<sup>th</sup> Street, NYC**



EPIC is an organization started in 2004 through ACA, New York (but open to ACA Members of any section) to provide educational and social networking opportunities and events for Emerging Professionals in Camping. There are no official EPIC membership requirements; anyone is welcome to join as an attendee, supporter or volunteer. EPIC is proud to offer this year's EPIC Fall Conference which is focused on Marketing Strategies for Camp Professionals.

**Registration Fee**

**ACA Member:** \$50.00 per person  
**Non - Member:** \$75.00 per person

Camp: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Camp Staff Name and Email Address (Please Print Clearly)**

**ACA Member**

1. \_\_\_\_\_

Y/N

2. \_\_\_\_\_

Y/N

3. \_\_\_\_\_

Y/N

4. \_\_\_\_\_

Y/N

**Total # Attending:** \_\_\_\_\_ @ \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**ACA Annual Fund Contribution\***

**\$** \_\_\_\_\_

*\*Donations to the ACA Annual Fund are voluntary. You will receive a tax deduction for your contribution. Thanks for your generosity and support!*

**Total Due:\$** \_\_\_\_\_

**METHOD OF PAYMENT:** *Payment in FULL is due with Registration.*

MasterCard     Visa     Check (made payable to: ACA-NY)

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Do you have any special needs that we can address to make your participation more enjoyable? If so, please check this box and we will contact you.

**\*\*\*Cancellations after October 10 will not be refunded\*\*\***

**Please mail or fax this form with payment to:**  
 American Camp Association, NY - 2009 EPIC Fall Conference  
 1375 Broadway - 4<sup>th</sup> Floor, New York, NY 10018 / Tel: 212-391-5208 - Fax 866.553.9264