



**American Catholic Council  
Conference and Hotel Registration  
June 10-12, 2011**

**Detroit Convention Center and  
Detroit Marriott at the Renaissance Center**

**PERSONAL INFORMATION**

*Include Title and Suffix if applicable*

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
(Please Print) (Please Print)

Name of second person:

First \_\_\_\_\_ Last \_\_\_\_\_  
(Please Print) (Please Print)

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_  
(Day Time) (Evening if different)

E-mail: \_\_\_\_\_  
(Required to receive a registration confirmation and conference updates)

Do you have any special needs? (check any that apply)

Visual  Dietary  Mobility  Auditory  Other

Please provide a brief explanation of your special needs: \_\_\_\_\_

**CONFERENCE REGISTRATION:**

<i>Full Registration:</i>	<i>Per Person</i>	<i>Group Rate: (for groups of ten or more persons)</i>	<i>Per Person</i>
<input type="checkbox"/> Post Marked by July 31, 2010	\$170	All registration forms must be sent / received together.	
<input type="checkbox"/> Post Marked by December 31, 2010	\$200	<input type="checkbox"/> Post Marked by July 31, 2010	\$153
<input type="checkbox"/> Post Marked by March 31, 2011	\$220	<input type="checkbox"/> Post Marked by December 31, 2010	\$180
<input type="checkbox"/> After March 31 and Walk In/On-Site	\$260	<input type="checkbox"/> Post Marked by March 31, 2011	\$198

*Four Payment Installment Payment Plan Available for Full Registrations only (Credit card only with advance authorization)*  
\$50 each on or before October 1, 2010, December 1, 2010, March 1, 2011 and May 1, 2011

*Scholarships: (Due by March 31, 2011)*

<input type="checkbox"/> Members of Religious Community (Religious Community) _____	\$150
<input type="checkbox"/> Students (Under age 22 on June 10, 2011)	\$150
<input type="checkbox"/> Couples (For Two)	\$325
Others (please apply by email or letter)	

*Daily Rate:*

<input type="checkbox"/> Friday Only	\$75
<input type="checkbox"/> Saturday Only	\$150
<input type="checkbox"/> Sunday	\$50

**OPTIONAL MEALS:** *There will be optional food events available for pre purchase for Friday lunch, plus Friday and Saturday dinners. Additional details and purchasing information will be sent to you separately when complete information is available.*

**HOTEL REGISTRATION: Detroit Marriott at the Renaissance Center (The Detroit Marriott is a non-smoking hotel)**  
**Room Rate \$109 (Single/Double/Triple/Quad) plus applicable taxes**  
*(Room rate is good for 3 days prior to 3 days following the conference)*

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Sleeping Room: Number of persons \_\_\_\_\_

King \_\_\_\_\_ or Two Beds \_\_\_\_\_ Special request(s) \_\_\_\_\_

Names of additional persons in room: *(Please Print)*

\_\_\_\_\_  
*(First)* *(Last)*

\_\_\_\_\_  
*(First)* *(Last)*

\_\_\_\_\_  
*(First)* *(Last)*

**Cut off date:** All room reservations need to be received by the Marriott by 5/18/2011. After 5/18/2011 the unsold rooms in the block will be released. The hotel will continue to accept reservation requests on space available basis at the group rate until the room block is sold .

**Room guarantee:** To guarantee your room, the Marriott will charge a one night deposit of \$109 (plus tax, currently 15%) to your charge card listed below. The deposit will be refunded for rooms cancelled more than seventy-two (72) hours prior to arrival.

**Conference Registration Cancellation:** Registration cancellations received by 5/18/2011 will receive a full refund minus a \$20 handling fee. Cancellations received after 5/18/2011 will be refunded minus a \$50 handling fee. No refunds after June 6, 2011. All refunds will be sent out within 30 days of the close of the conference.

***PAYMENT INFORMATION:***

Enclosed is my check in the amount of \$ \_\_\_\_\_ Payable To: ACC for registration Mail To: ACC Registrar • shown below

Charge my credit card for  Registration \$ \_\_\_\_\_  Guarantee my room as noted above. Mail To: ACC Registrar

Name as it appears on the credit card: \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Amex \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_\_  
Signature (required for credit card registrations)

***ABOUT YOURSELF (OPTIONAL)*** We are hoping to learn more about our audience so we can tell you about those who are attending. Would you mind filling out this profile? This information is confidential and will not be given out or shared with any other organization. Thank you.

Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Church Employee?  No  Yes

Church involvement:  Attend regularly and Volunteer  Attend regularly  Neither

Are you a  lay person?  woman religious?  religious brother?  priest?  deacon?  religious studies student?

**Registration is available on-line or complete this form and mail or fax to the ACC Registrar:**

ACC Registrar • % T.M. Enterprises • 7431 E State St #235 • Rockford, IL 61108 • P: 815-299-7158 • F: 815-332-3476

E-mail: [registrations@AmericanCatholicCouncil.us](mailto:registrations@AmericanCatholicCouncil.us) • On-line registrations: [www.AmericanCatholicCouncil.us](http://www.AmericanCatholicCouncil.us)

NOTE: (T.M. Enterprises, is a Division of Rockford Management Services, LLC)

**THANK YOU! SEE YOU IN DETROIT!**

***American Catholic Council***