

2012 CONFERENCE REGISTRATION FORM FEBRUARY 22-26, 2012 • MEMPHIS, TN

By registering for the conference you agree to abide by the parameters of Conference Management and that, absent any negligence of your part, you waive any claim for damages by your participation in any unsanctioned vent. Deadlines: Early registration must be postmarked by Nov. 19, 2011. Register by mail until Jan. 15, 2012 and online until Feb. 15, 2012. If later, then you may register onsite only. To have listing published in the program directory, we must receive your registration by Jan. 15, 2012. You must make your own hotel reservations and travel arrangements. Name, Company, and Hometown will be printed in the program guide and your badge. All cancellations will be charged a 50.00 handling fee.

Registrant #1 (First, Last): _____
 Hometown / State: _____
 Company, Organization, or Band Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____
 Main Contact Phone: (for program book) _____
 Favorite Book: _____
 Additional Contact Phone: (for FA staff use only) _____
 Email: _____
 Website: _____

ADDITIONAL REGISTRANTS: (PLEASE FILL OUT A FORM FOR EACH LOCATED TO THE RIGHT)

FAI Membership #: _____

REGISTRATION FEES:

Folk Alliance Membership Fees \$ _____
 \$70 Ind. • \$100 Partner • \$150 Small Org • \$250 Med Org • \$505 Large Org
 Conference Registration Fee \$ _____

MEMBERS:	NON-MEMBERS:
\$200 per person by 11/19/2011	\$300 per person by 11/19/2011
\$275 per person by 1/15/2012	\$375 per person by 1/15/2012
\$350 per person walk-up (1/15/2012-until event)	\$350 per person walk-up (1/15/2012-until event)
Exhibitor Registration \$ _____ (\$200 per person)	
Exhibit Hall Space \$ _____ Full Booth \$500	
\$ _____ Half-Booth \$375	
Donation to the Folk Alliance \$ _____	
Total \$ _____	Only one form of payment accepted per group (one check or one card)

PAYMENT: Check American Express Mastercard VISA DISC
 Card #: _____ Exp date: _____
 Name on Card: _____
 Billing Street Address: _____ Billing Zip: _____
 Signature: _____

Payment in full must accompany your registration form. Payment method: All checks are processed when received. Make check or money order payable to Folk Alliance International is US funds. No post-dated checks. An additional charge of \$35 will be made for check returned for insufficient funds. Credit card payments processed in US dollars only. FAI does not invoice for payments other than sponsorship packages.

Age: _____

My role at this conference is best described as: (please check one only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Agent / Manager | <input type="checkbox"/> Media | <input type="checkbox"/> Publicity / Marketing |
| <input type="checkbox"/> Agent / Manager | <input type="checkbox"/> Music Presenter / Promoter | <input type="checkbox"/> Record Label |
| <input type="checkbox"/> Performing Artist | <input type="checkbox"/> Music Producer /Recording | <input type="checkbox"/> Student |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Studio | <input type="checkbox"/> Online Music Service |
| <input type="checkbox"/> Educator / Folklorist | <input type="checkbox"/> Music Publisher / PRO | <input type="checkbox"/> Fan / Folk Music Supporter |
| <input type="checkbox"/> Film / TV / Video | <input type="checkbox"/> Organization / Society / | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> House Concerts | <input type="checkbox"/> Arts Office | |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Photographer / Graphic Artist | |



ADDITIONAL REGISTRANT INFO

By adding additional registrants, I agree that I am one of the following: a 2012 Exhibitor, an official showcase applicant/band, have a current Folk Alliance organizational membership, have a current Folk Alliance partner membership. Only these registrant types may register additional registrants. Anyone who registers an additional registrant without complying to these requirements will have an invalid registration. Folk Alliance will be checking membership status regularly; however feel free to purchase the registration process or contact the office to make arrangements. If you need more space, please attach additional paper which includes all of the following information for each (up to 5) additional registrants.

Registrant #2 (First, Last): _____
 Hometown / State: _____
 Company, Organization, or Band Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____
 Main Contact Phone: (for program book) _____
 Favorite Book: _____
 Additional Contact Phone: (for FA staff use only) _____
 Email: _____ Website: _____

Registrant #3 (First, Last): _____
 Hometown / State: _____
 Company, Organization, or Band Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____
 Main Contact Phone: (for program book) _____
 Favorite Book: _____
 Additional Contact Phone: (for FA staff use only) _____
 Email: _____ Website: _____

Registrant #4 (First, Last): _____
 Hometown / State: _____
 Company, Organization, or Band Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____
 Main Contact Phone: (for program book) _____
 Favorite Book: _____
 Additional Contact Phone: (for FA staff use only) _____
 Email: _____ Website: _____

Registrant #5 (First, Last): _____
 Hometown / State: _____
 Company, Organization, or Band Name: _____
 Address: _____
 City: _____ State: _____ Zip/Postal Code: _____
 Country: _____
 Main Contact Phone: (for program book) _____
 Favorite Book: _____
 Additional Contact Phone: (for FA staff use only) _____
 Email: _____ Website: _____