

2009 AETNT Annual Conference: Creating a Positive Future

July 9th – 12th – Marconi Conference Center



Name 1 _____

Type _____ Sub-type _____ Circle one: **CERTIFIED** **ASSOCIATE**

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Profession _____

E-mail _____

Name 2 _____

Type _____ Sub-type _____ Circle one: **CERTIFIED** **ASSOCIATE**

I. AET Annual Conference Fees

Quantity

FOR MEMBERS	By 4/30/09	\$345.00	x	___	=	\$ _____
	By 5/15/09	\$395.00	x	___	=	\$ _____
	By 7/8/09	\$445.00	x	___	=	\$ _____
FOR NON-MEMBERS	By 4/30/09	\$445.00	x	___	=	\$ _____
	By 5/15/09	\$495.00	x	___	=	\$ _____
	By 7/8/09	\$545.00	x	___	=	\$ _____
PRE-CONFERENCE – M, NM	By 4/30/09	INCLUDED	x	___	=	\$ 00.00
PRE-CONFERENCE – M, NM	May 1 – July 8, 09	\$ 50.00	x	___	=	\$ _____

II. AET Membership Fees (renewal or new member - Eligibility: Completed at least one week of the Enneagram Professional Training Program)

of Members

One Year:	\$50.00	x	___	=	\$ _____
Two Years: (discounted rate)	\$90.00	x	___	=	\$ _____

III. AET Conference Lodging/Dining Fees at Marconi – group rates

of Persons

- **Single Room: \$663 for all three nights** = \$ _____
- **Double Room: \$414/person for all three nights** x _____ = \$ _____
Roommate Options:
 - I will be sharing a room with (Additional name): _____
 - Please assign me a roommate
- **Triple Room: \$333/person for all three nights** x _____ = \$ _____
Roommate Options:
 - I will be sharing a room with (Additional names): _____
and _____
 - Please assign me two roommates
- **Please add Wed night, July 8* – Pre-Conf or early arrival** x _____ = \$ _____



NAME _____

Total Fees - Subtotals:

I. Total Conference Fees: \$ _____

II. Total Membership Fees: \$ _____

III. Total Lodging Fees: \$ _____

Total Amount Due: \$ _____

Payment Options

_____ Payment by check, make payable to AETNT

_____ Payment by credit card. Circle one: VISA MasterCard

Name on card _____

Card number _____

Exp. date _____ Last three digits on back of card _____

Billing address _____

City _____ State _____ Zip _____ Country _____

For registration assistance, contact Gretchen Marks at 978-887-9590 or e-mail us at annualconference@aetnt.com

MAIL REGISTRATION FORM AND PAYMENT TO: AETNT PO Box 68 Topsfield, MA 01983 USA

OR FAX (9AM – 5PM Eastern time) REGISTRATION FORM AND PAYMENT INFORMATION (CREDIT CARD PAYMENTS ONLY) TO: 978 887 8886. CONFERENCE CANCELLATION POLICY: Refunds in full minus a \$50.00 processing fee are available if written notification is received on or before June 9, 2009. Cancellations after June 9, 2009 are non-refundable, but monies may be applied to the 2010 AETNT conference minus a \$50.00 processing fee if requested in writing upon cancellation.

Registration Received Date (office use only): _____

** If you are registering as a double- or triple-occupancy attendee and will be staying Wednesday night, July 8, and the others in your party will not begin their stay until Thurs July 9, you can begin your stay in a double or triple room, but pay the single rate of \$221.00 for Wednesday night, or, we will do our best (but cannot guarantee) to locate and place you with one or two other attendees also on campus Wednesday night; in such a case, you may need to move rooms on Thursday morning, July 9.*
