



**2010 Fall Conference Registration Form
Embassy Suites – Rosemont
Chicago, Illinois**

Wednesday, November 17, 2010
8 a.m. to 5 p.m.

Please Print

Name: _____ **Title:** _____

Company: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Email Address: _____

Meeting Registration Fee: Members \$150.00

Non-Members \$250.00

Membership dues for **2010:** \$100.00

- We are not able to accept credit card charges.
- We do accept PayPal on our website

Please make check payable to: Quality Assurance Association

Please remit payment to: Dennis Murnane, Treasurer
350 North Boatman Road
Scottsburg, IN 47170

Visit our Web Site: www.qualityassuranceassociation.org

Meeting Location: Book your room under the QAA block room rate.

Embassy Suites Rosemont

5500 North River Road

Rosemont, IL 60018

(847) 678-4000 <http://embassyohare-px.rtrk.com/>