



ACF 2010 Spouse/Guest Registration Form

Registered Delegate's Name: _____

Registration Reference #: _____

Spouse/Guest's Name: _____

Spouse/Guest's Registration Fee: _____ **\$275.00**

My Spouse/Guest would like to attend the following tours:

- Day 1 – November 2nd
 - ❖ Amsterdam City Tour and visit Rembrandthuis (4 hours)
 - ❖ Rembrandthuis

- Day 2 – November 3rd
 - ❖ Zaanse Schans, Volendam & Marken (8 hours)

- Day 3 – November 4th
 - ❖ Utrecht & Castle Haarzuilens (8 hours)

By signing below, you agree to the following requirements as an ACF 2010 registered spouse or guest:

- All registered spouses and guests must be attending with a registered ACF 2010 Delegate.
- Only one adult guest and children or one spouse plus children, per registered delegate.
- Registered spouses and guests are ineligible to attend the Forum Sessions.

Signature: _____

Credit Card Authorization:

Type of Card: (Circle One: Visa, Mastercard or American Express)

Cardholder's Name: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

Total Amount Authorized: _____

Signature: _____

Please fax to + 1 786 265-7012 or email rnegron@tiaca.org.