

2005 Northeast Lighthouse Conference
April 10-12, 2005
Newport, Rhode Island

Conference Registration Form

Type or print clearly. One registrant per form. Please complete both pages and return.

Name _____ First name for badge _____
Title _____ Organization _____
Address _____ City _____
State _____ Zip _____ email _____ fax _____

I have special needs requiring consideration
(please include an attachment with special information)

REGISTRATION FEES (early by March 11, 2005, late fees apply after date):

- | | | |
|--|-------------------------------|----------|
| <input type="checkbox"/> Full Registration (includes Sunday evening reception,
all sessions, and dinner Tuesday evening) | \$200 (early) \$250 (late) | \$ _____ |
| <input type="checkbox"/> Single Day Registration
Please circle the day you will attend: Mon Tues. | \$100 (early) \$125 (late) | \$ _____ |
| <input type="checkbox"/> Sunday Welcome to Newport Tour
Space limited to 45 people, so reserve early!
Advance reservations are required. | \$25 | \$ _____ |
| <input type="checkbox"/> Wednesday Lighthouse Tour
Space limited to 45 people, so reserve early!
Advance reservations are required. | \$25 | \$ _____ |

Spouse/Guest Activities – If you are bringing a spouse/guest who is not registering for the conference, they may attend the tours and evening events for an additional fee. Please check the events and/or tours and include the additional fees in your total payment.

- | | | |
|--|------|----------|
| <input type="checkbox"/> Sunday Newport tour | \$25 | \$ _____ |
| <input type="checkbox"/> Sunday evening reception | \$20 | \$ _____ |
| <input type="checkbox"/> Tuesday evening dinner | \$50 | \$ _____ |
| <input type="checkbox"/> Wednesday lighthouse tour | \$25 | \$ _____ |

Spouse/Guest name _____

TOTAL PAYMENT DUE \$ _____

PAYMENT INFORMATION

- Payment enclosed \$_____ Check* number _____
- Charge my credit card (check one) Visa/MC Discover AmEx Amount \$_____
- Credit card number _____ Expiration Date _____
- Billing address (if different than above) _____
- Signature _____

*Please make checks payable to: St. Augustine Lighthouse and Museum FEID #59-3471303
81 Lighthouse Avenue, St. Augustine, FL 32080
Phone (904) 829-0745
Fax (904) 808-1248
Email staughl@aug.com

Conference Cancellation Policy

Cancellation by fax or mail (no email please) received by 5:00pm March 11, 2005 will receive a full cash refund. Cancellation by fax or mail (no email please) after this will receive a 50% refund. No-shows will not receive a refund. All cancellations will be processed after the conference.

*Meal Registration

If you have registered for the full conference, please indicate which of the following you will be attending so we can have an accurate head count. Both are included in the full conference registration fee.

- Sunday evening reception Tuesday dinner

HOTEL INFORMATION

We have reserved a block of rooms at the conference hotel, Hotel Viking, in historic Newport, Rhode Island. You are responsible for making your own reservations by calling the hotel directly. **The reservation deadline is March 11, 2005 for this deeply discounted rate.**

Conference hotel: Hotel Viking, One Bellevue Avenue, Newport, Rhode Island 02840

Call 1-800-556-7126 and ask for the St. Augustine group

\$94 (+ tax) per night for single or double occupancy

www.hotelviking.com

*Please note – the hotel has a 14-day cancellation policy. Any reservations cancelled less than 14 days prior to arrival date will be charged a one-night cancellation fee equal to the guest room rate, plus tax.