



**2010 CONFERENCE REGISTRATION FORM**  
**October 27-29, 2010**

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**CONFERENCE REGISTRATION:**

To register for the conference, please supply the following information:

**Name and Organization (as you would like it to appear on conference badge):**

First Name:  
Last Name:  
Organization:

**Job Title:** (optional)

**Address:**  
**City:**  
**State:**  
**Zip:**

**Telephone:**  
**Fax Number:**  
**Email:**

FEES include all conference materials, 2 breakfasts, 2 lunches, 2 receptions, and breaks.

	<b>THROUGH</b> <b>Sept 27</b>	<b>AFTER</b> <b>Sept 27</b>
	_____	_____
Alliance Member	\$150	\$200
Non-Member	\$200	\$250

Total Enclosed for Registration:

Make checks payable to **Alternative Staffing Alliance** and mail to:

**Alternative Staffing Alliance**  
**1 Harvard St., #200**  
**Brookline, MA 02445**