



**Registration for
AHSAAA Athletic Directors Luncheon
and
Leadership Training Courses Offered – LTI 719
Thursday, June 23, 2016**



Name: _____ School: _____
 Address: _____ City: _____ State: _____ Zip: _____
 School Phone: () _____ Home Phone: () _____
 School Fax: () _____ Cell Phone: () _____
 E-mail Address: (That you check regularly) _____
 Check if applicable: _____RAA _____CAA _____CMAA _____ New A.D.

SCHEDULE FOR THURSDAY, JUNE 23, 2016

Thursday, June 23 7:30-11:30 a.m.	LTI 719 – Athletic Administration: Leadership, Management and Supervision (Preregistration required)	Hilton Garden Inn Conference Board Room
Thursday, June 23 12:00-1:30 p.m.	Luncheon and Business Meeting David Daniel – President, presiding NIAAA Student-Athlete Scholarship Winners AAA Governing Body Agenda, AAA Staff Presentations of Awards, Norman Mitchell, Awards Chair	Hilton Garden Inn Dining Hall
Thursday, June 23 6:00 & 8:00 p.m.	Girls and Boys All-Star Basketball games	Farris Center, UCA

_____ **I am enrolling for LTI 719.** \$100/member \$125/nonmember After June 6 - \$110/135
CHECK ENCLOSED, payable to AHSAAA.

Registration Deadline: June 6, 2016. (Materials must be ordered well in advance of the course.)
 Late registration will be accepted with payment of a \$10 late fee; materials will come later.
 No-show or cancellation after June 6 – Refund of 70% will be made upon written request.

_____ **I will attend the AHSAAA Luncheon and Business Meeting.**
 Submit luncheon reservation by June 6. Luncheon is provided at no cost to the A.D.'s.

An accurate count for our guarantee is very important. Please respond accordingly. Thanks!

Send LTI check, registration form and/or luncheon reservation to:

**Attention: AHSAAA
3920 Richards Road
North Little Rock, AR 72117**

OR

Fax luncheon reservation and/or LTI registration with credit card information to 501-955-2600.

PAYMENT OPTIONS

- CHECK
- CREDIT CARD
- MONEY ORDER

CREDIT CARD PAYMENT INFORMATION	
_____ Visa	_____ MasterCard
_____ Discover	_____ American Express
Cardholder Name _____	Exp. Date _____/____
Billing Address _____	
Card Number _____	Amount \$ _____
Cardholder Signature _____	####