

10.

## **REGISTRATION FORM**

MONDAY, MARCH 9-THURSDAY, MARCH 12, 2026
\*Monday is a Pre-Conference Day

FEES GO UP AFTER January 31st, 2026

Please complete BOTH sides of this form!

One form per camp

NAME OF CAMP:						
SUMMER ADDRESS:		S	STATE:		ZIP:	
WINTER ADDRESS: STAT			ZIP:			
TELEPHONE:	POC EMAIL:					
POINT OF CONTACT (POC) for show management						
CAMP REGISTRATION FEES						
Fee admits up to 5 people. Additional staff may be Registration MUST be <u>directly affiliated</u> with your c separately.						
* All first time Not-for-profit camps MUST enclose a copy of their IRS determination letter proving their Not-for-profit status.		BY OR ON 1/31/26		AFTER 1/31/26		
ACA AFFILIATE CAMP (includes 5 people) (camp #)		NFP* <b>\$515</b>	PRIVATE \$620	NFP* \$659	PRIVATE \$740	
NON-AFFILIATE CAMP (includes 5 people)		\$775	\$889	\$920	\$999	
INDIVIDUAL REGISTRANT ACA						
Member (membership # required)		\$440 p	er person	\$509 pc	er perso	
Non-member		\$525 p	er person	\$589 pe	er perso	
CAMP INDUSTRY CONSULTANTS, BROKERS, & REFER (Includes 5 people) (\$100 per person over the initial 5 a *This rate doesn't entitle you to sell your services to attendees.	attendees)	\$1,275 become an exhibit	tor by contacting	<b>\$1,500</b> samara@acanyn	j.org	
<b>Full Name</b> (5 included in camp reg fee, \$79 per additional)	Attendee Email (Mandatory – please inc	lude!)				
1.						
2.						
3.						
4.						
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7.						
8.						
9.						

## **PAYMENT AND ADDITIONAL INFO**

I have read and acknowledged the ACA Conference Registration Policy at https://tristatecampconference.com/attend/conference-details/				
)) Please check here if any of the above attendees has a disabilir and may require special accommodations: (someone will contact you) YES NO NAME:	please check here: (someone will contact you)			
EMAIL:	EMAIL:			
≫ □ OPT OUT: Check here if you do NOT want your information s	hared with Tri-State exhibitors.			
REGISTRATION FEE	\$			
Additional Attendee Fee	\$			
TOTAL ENCLOSED	<b>\$</b>			
)) IF PAYING BY CREDIT CARD, please complete the informatio CREDIT CARD: VISA MASTERCARD AMERICAND #:				
NAME AS IT APPEARS ON THE CREDIT CARD (print):	- CTT CODE! EXTENDED			
SIGNATURE:				
BILLING ADDRESS:				
CITY: STATE	ZIP:			
)) IF PAYING BY CHECK: Please make checks payable to "ACA, New York and New J AMERICAN CAMP ASSOCIATION, NEW YORK AND NEW JE	ersey" and return with this completed form to: RSEY, 121 WEST 36TH STREET, SUITE 422 NEW YORK, NY 10018			

Please contact us to add-on additional attendees, pre-conference workshops, and events. Registration fees for these can be found on our website and do not change after early bird.

All cancellations must be received in writing and sent to ACA, NY and NJ at the address above or emailed to <a href="mailto:samara@acanynj.org">samara@acanynj.org</a> by February 8th, 2026. Cancellations received by February 9th will be refunded minus a \$150 administrative fee. Cancellations received after February 9th will not be refunded.

If you have questions, please call the office at (212) 391- 5208 or contact us at info@acanynj.org.

Visit our website for UP-TO-DATE CONFERENCE INFORMATION at www.tristatecampconference.com Follow Tri-State CAMP Conference on Facebook.

To help offset conference costs, a small portion of your hotel rate will be rebated to the Tri-State CAMP Conference.