



1) YOUR INFORMATION

Name(s): _____ JA CL Chapter: _____
Role/Title in Chapter: _____ JA CL Membership ID: _____
Phone: _____ Email (for Convention updates): _____

2) REGISTRATION TYPE

Registration includes Full Access to 5-Day Convention events (National Council sessions, plenaries, and workshops; Welcome Reception; Awards Luncheon; APIAVote Presidential Town Hall; Sayonara Gala)

- Early Bird* - JA CL Members: \$400 Early Bird* - Student/Youth Members: \$275
 Regular: \$475 Regular - Student/Youth: \$325

**Early Bird is only available until May 12*

Additional Donation: \$ _____ **TOTAL: \$** _____

4) PAYMENT INFORMATION

Please make checks to "JA CL" with memo "2024 Convention" or enter credit card information below:

Card Type: Visa MC AmEx Discover

Card #: _____ Exp. Date (MM/YY): _____

Security Code: _____ Signature: _____

5) OTHER QUESTIONS

Are you interested in volunteering? Yes Maybe No

Do you have any dietary restrictions? _____

Please check the statements below (required). See our website or contact us below for details.

- Yes, I agree to the terms and conditions of the 2024 National Convention.
 Yes, I agree to the policy against harassment at JA CL events.
 Yes, I certify JA CL's vaccination statement and I acknowledge, accept, and agree to the liability waiver.

6) MAIL

Please mail this form to: JA CL Membership, 1765 Sutter St, San Francisco, CA 94115

Please contact us (see below) if you need to request a reasonable accommodation for any ADA needs.

Questions? Please contact convention@jacl.org or (415) 921-5225 ext. 25.