

ACCT LEADERSHIP CONGRESS 2008 — TOUR REGISTRATION



Name: _____

(Tour tickets will be held under this name)

Address: _____

City, State, Zip: _____

Daytime phone: _____

E-mail: _____

(required for confirmation)

Special Needs: _____

Hotel Name in NYC: _____

To reserve tickets: Please email the completed form with credit card details to dmc@shackmanassociates.com, or fax 212-753-7070. If paying by check, please mail the form along with payment to Shackman Associates, 240 East 56 Street, Suite 2E, New York, NY 10022. You will receive a confirmation via email.

For questions, contact Shackman Associates at 212-753-5900 (refer to ACCT Congress) or e-mail dmc@shackmanassociates.com.

Pre-Registration Deadline: Deadline for pre-registration is Tuesday, September 30, 2008. After September 30, registration will be subject to availability and a \$5 per person, per tour service charge will apply. Additional tour tickets may be purchased onsite based on availability. Only cash is accepted.

Cancellations and Refunds: Individual tour cancellations or changes prior to September 30, 2008 will be subject to a \$3 handling fee per person per change. NO REQUESTS FOR REFUNDS OR EXCHANGES WILL BE HONORED UNLESS RECEIVED BY SHACKMAN ASSOCIATES NEW YORK ON OR BEFORE September 30, 2008. Each tour requires a minimum number of participants. Should the tour be cancelled due to a lack of participation, you will be given the opportunity to register for another tour, or your money will be refunded. Please allow for 2-4 weeks for processing. Charge on statement will be under Shackman Associates. No refunds will be given onsite.

Tour Departures and Inclusions: All tours will pick-up from and return to the Marriott Marquis Hotel on 45th Street, unless otherwise specified. All tours are fully escorted and inclusive of fees and admissions. Meals are only included where noted. Due to recent security requirements, please carry photo ID with you at all times. Tours will depart promptly, please arrive 10 minutes prior to the tour time.

Ticket Pick-Up and Tour Desk Hours: The Tour Desk is located in the New York Marriott Marquis, near ACCT's registration area. Hours of operation are: Wednesday, October 29, 8 a.m. – 12 p.m.; Friday, October 31, 8 a.m. – 12 p.m. Tickets will be held under the name on the Registration Form.

Shackman Associates New York ("SANY") shall not be responsible for lost or damaged articles, accidents, mishaps due to alcohol or drug abuse, or any loss or damage, including injury, illness or death, due to disasters, government regulations or advisories, fire, disruption, delays, modifications or cancellations caused by weather conditions or any mechanical or electrical difficulties; strikes, lockouts, acts or threats of terrorism; civil disorder, acts of God, and other events beyond the control of SANY. SANY will make every effort to conduct the activities as described, but reserves the right to make adjustments to programs without affecting their overall quality. Should situations beyond the control of SANY make changes necessary, SANY will work with ACCT on any such changes whenever possible; however, SANY will be unable to issue full refunds should a tour, event or activity be cancelled due to circumstances beyond the control of SANY.

DATES/TOURS	NUMBER OF TICKETS	TOTAL COST
WEDNESDAY, OCTOBER 29		
DOWNTOWN RENAISSANCE TOUR		
9 A.M. – 1 P.M.	_____ @ \$95	\$ _____
HISTORIC WELCOME TOUR		
9 A.M. – 2 P.M.	_____ @ \$130	\$ _____
FRIDAY, OCTOBER 31		
LINCOLN CENTER & UPPER WEST SIDE TOUR		
9 A.M. – 1 P.M.	_____ @ \$95	\$ _____
GRAND CENTRAL STATION & UNITED NATIONS TOUR		
9 A.M. – 1 P.M.	_____ @ \$105	\$ _____
SATURDAY, NOVEMBER 1		
TOP OF THE ROCK & CIRCLE LINE TOUR		
1 P.M. – 5 P.M.	_____ @ \$115	\$ _____
NBC STUDIOS & RADIO CITY TOUR		
1 P.M. – 5 P.M.	_____ @ \$105	\$ _____
A JAZZY NIGHT AT GARAGE		
4 P.M. – 8:30 P.M.	_____ @ \$205	\$ _____
Ticket Total	_____	\$ _____

PAYMENT INFORMATION:

Cash Check (payable to Shackman Associates New York)

Credit Card: (4% service charge on all credit card charges)

American Express Visa MasterCard

Cardholder Name: _____

Credit Card #: _____

Expiration Date: (Month/Year) _____

I hereby acknowledge that I have read the REGISTRATION INFORMATION AND POLICIES and agree to be bound by the terms stated therein. In consideration of the acceptance of my registration, I hereby release and agree to indemnify SANY, ACCT and their respective agents, servants and employees from and against all actions, causes of action, claims and liabilities of any nature which may arise by reason of my participation in the program and activities for which I have registered, including without limitation, claims for personal injury, death and/or property loss or damage, unless caused by the willful misconduct of SANY, ACCT and their respective agents, servants and employees.

Signature: _____

Date: _____

THE PRE-REGISTRATION DEADLINE IS SEPTEMBER 30, 2008.