



National Association of Therapeutic Schools and Programs
Southwest Regional Conference

March 9th - Dixie Center, St George, UT

ATTENDEE INFO

Date: _____ First/Last Name _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Check here if you have dietary restrictions (allergies, etc.). Please specify: _____

REGISTRATION FEES

(Pre-registrations will not be accepted after Wednesday, March 4th. If you wish to register after this date, you must do so on-site at the conference)

	Before 2/21	2/21- 3/4	ON-SITE
NATSAP Member Rate	<input type="checkbox"/> \$140	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160
Non-Member Rate	<input type="checkbox"/> \$165	<input type="checkbox"/> \$175	<input type="checkbox"/> \$185

Do you have any dietary restrictions? **Yes** **No** If yes, please list: _____

Payment: Total to be charged: _____

Check Enclosed Check # _____

Credit Card Number _____ Exp Date: _____ CVC: _____

Name as it appears on Credit Card _____

Credit card billing address _____

Please do not mail or FAX registrations after March 4th. If you wish to register after this date, you must do so ON-SITE at the conference.

If you have ADA needs, contact Nadia Aboulhoda at 301-986-8770 or email nadia@natsap.org

Please return completed form and payment to: •Fax (301)-986-8772 •NATSAP, 4350 East West Highway, Suite 925, Bethesda, MD 20814 •email – EVENTS@NATSAP.ORG