



National Association of Therapeutic Schools and Programs

2019 NATSAP Annual Conference

January 30 – February 1
Hyatt Regency Hill Country
San Antonio, TX

Attendee Info

First/Last Name: _____

Job Title : _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please list any dietary restrictions, including food allergies: _____

Do you have any ADA needs/requirements? If yes, a member of the NATSAP staff will contact you

- Yes
 No

Is this your first time attending the NATSAP annual conference?

- Yes
 No

Registration Fees

(Pre-registrations will not be accepted after January 18th. If you wish to register after this date, you must do so ON-SITE at the registration desk at the conference hotel.)

	Prior to Dec 14 th	After Dec 14 th	ON-SITE
Program Member Rate	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535	<input type="checkbox"/> \$560
Individual Affiliate Member Rate	<input type="checkbox"/> \$485	<input type="checkbox"/> \$535	<input type="checkbox"/> \$560
Non-Member Rate	<input type="checkbox"/> \$685	<input type="checkbox"/> \$735	<input type="checkbox"/> \$760
Presenter Rate	<input type="checkbox"/> \$385	<input type="checkbox"/> \$435	<input type="checkbox"/> \$460

****NATSAP GROUP DISCOUNT** - Members of NATSAP programs are eligible to receive a group registration discount. Every SIXTH registrant (of the same program) are eligible for the 50% discount. To take advantage of this discount, register your first FIVE staff members and then email events@natsap.org with the name(s) of those staff members to receive the 50% off for the sixth staff member. You must be listed as a member in the current NATSAP membership directory in order to receive the discount.



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Payment:

Check Enclosed - Please list check number _____

Credit Card Number _____ Exp Date: _____ CVC: _____

Name as it appears on Credit Card _____

Credit card billing address _____

Phone number _____ Email address of card holder _____

Signature _____ Date _____

Please do not mail or FAX registrations after January 14^h. If you want to register after this date, you must do so ON-SITE at the conference.

Substitution Policy: If a registrant is unable to attend this event for any reason, they may substitute someone else from the same organization if submitted in writing to events@natsap.org by January 14, 2019. Any substitutions after this date (including on-site) will incur a \$25.00 processing fee.

Cancellation Policy: If an individual wishes to cancel his or her registration for the 2019 NATSAP Annual Conference, they must inform the conference organizers in writing by January 5, 2019. An 80% refund of the total registration fee will be allotted to that individual. If the cancellation is made after this date, no refund will be granted.

Please email info@natsap.org if you do not receive a confirmation email within 7 days of sending your registration form.

*****Registration for the NATSAP Annual Conference and its affiliated meetings and events constitutes an agreement by the registrant for NATSAP and its affiliates to use and distribute the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.*****

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