



Link 'n Learn Workshop

REGISTRATION FORM – **for Educational Consultants**

National Association of Therapeutic Schools and Programs

January 29, 2019
Hyatt Regency Hill Country
9800 Hyatt Resort Drive
San Antonio, TX 78251

Attendee Info

First/Last Name: _____ Date: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Dietary Restrictions: _____

We are requiring a \$150 deposit for education consultants who wish to participate in the program. The deposit will be refunded to you once the program is over and you have completed all of your appointments. Hotel accommodation (one night) at the Hyatt Regency Hill Country will be covered for education consultants who participate in the program and attend all of the scheduled appointments.

Travel expenses are not covered.

Deposit Required: \$150

Check is enclosed: Check# _____

Credit Card: Amex Visa MasterCard

Credit Card Number: _____ Exp Date: _____ CVC: _____

Name as it appears on Credit Card: _____ Signature: _____

Credit card billing address: _____

How did you hear about Link 'n Learn? _____

Will you be attending the Link 'n Learn Reception? Yes No

Have you attended NATSAP Link 'n Learn before? Yes No

Are you a current NATSAP Member? Yes No

Why do you wish to attend Link 'n Learn?

Note: Your name and email will be listed on NATSAP printed materials for this event.

Please return completed form: • Fax (301)-986-8772 • NATSAP, 4350 East-West Highway, Suite 925, Bethesda, MD 20814

• email – events@natsap.org