



National Association of Therapeutic Schools and Programs **ACADEMIC CONFERENCE**

May 16th
Elevations RTC
2650 W 2700 S, Syracuse, UT 84075

ATTENDEE INFO

Date: _____ First/Last Name _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

REGISTRATION FEES

(Pre-registrations will not be accepted after Monday, May 6. If you wish to register after this date, you must do so on-site at the conference)

	Before 4/12	4/12 – 5/6	ON-SITE
NATSAP Member Rate	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95

Please note this event is open to NATSAP members only!!!

Please list what subject area / content area you teach: _____

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

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 _____

Phone number _____ Email address of card holder _____

Please do not mail or FAX registrations after May 6th. If you wish to register after this date, you must do so ON-SITE at the conference. Cancellations not accepted after May 6th.

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