Registration Form

CSAP Fall Conference | November 8, 2017 | Los Angeles, California

Name _____

Address _____

Email _____ Cell Phone _____ State Assoc. _____

Office Held _____ Term Expires: _____

Will Your State Donate a Gift for Sweeps? ❑YES ❑NO

Is this your first CSAP meeting? ❑YES ❑NO

Attending the Wednesday Happy Hour? ❑YES ❑NO

Special Dietary Needs (e.g., vegetarian/food allergies) _____

Emergency Contact (Name and Telephone Number) _____

Registration Fee includes Meeting, Lunch and Happy Hour.

Type	Fee on or Before October 15	Fee After October 15	Total Due
CSAP Member/Presenter	$300	$325	$
Management Staff	$250	$275	$
CSAP Sweeps Tickets (50) ***Advance Purchase Price***	$30	$30	
Guest & Alumni Happy Hour Ticket	$10	$10	$
Total Payment			$

Other Payment Options

❑ Check enclosed, made payable to CSAP.
❑ Credit Card ***(VISA, MasterCard, Discover and American Express)***

___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Exp. Date: _____

Signature: _____

To register by Mail or Fax, complete this registration form.
Mail to: CSAP Office | 700 McKnight Park Drive, Suite 708 | Pittsburgh, PA 15237
Fax to: 888-729-3489

Cancellation/Refund Policy: Requests received on or before October 26, will be refunded less a $25 handling fee.