Registration Form

CSAP Fall Conference | November 14, 2018
Boston, Massachusetts

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 22	Fee After October 22	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	$15	$15	$
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 November 2, will be refunded less a $25 handling fee.