

## ASAP's Chiari & Syringomyelia Conference

July 18 – 21, 2012

### Registration Form

#### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Additional Attendees

Please add contact information if different from above, including ages of children.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

List additional attendees and contact information if needed on back.

#### Fees

#### Number

#### Sub-total

Adult registration by July 7 (includes banquet): \_\_\_\_\_ x \$160.00 \_\_\_\_\_

Children's registration: ages 6 - 15 (includes banquet): \_\_\_\_\_ x \$ 85.00 \_\_\_\_\_

Additional closing banquet tickets: \_\_\_\_\_ x \$ 65.00 \_\_\_\_\_

Family pack: 2 adults, 2 children (ages 6-15) \_\_\_\_\_ x \$450.00 \_\_\_\_\_

(Includes banquet)

Number of vegetarian entrees banquet: \_\_\_\_\_

Special diet request: \_\_\_\_\_

**Note:** By submitting this form and/or attending the conference, you agree to allow ASAP to use photographs and/or videos taken of you in ASAP's promotional materials. You understand that ASAP will not publish or record any personally identifiable information without your express written consent.

#### Payment Information

I want to make a donation. Scholarship Fund \$ \_\_\_\_\_ Conference Sponsor \$ \_\_\_\_\_

Payment Type: ☐ Check ☐ Credit Card Total Amount Enclosed (see sub-total above): \$ \_\_\_\_\_

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name (please print): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Mail to:  
ASAP Conference Registration  
PO Box 1586  
Longview TX 75606