

ASAP's Chiari & Syringomyelia Conference

July 22-25, 2015

Attendee Registration Form

Pre-conference registration closes July 10

Contact Information

Name: _____

Address: _____

Phone: _____ Email: _____

Additional Attendees

Please add contact information if different from above. List each child's age after their name.

Name: _____

Name: _____

List additional attendees and contact information if needed on back.

Fees

Number

Sub-total

Adult registration by July 10 (includes breakfast & banquet): _____ x \$160.00 _____

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

Additional banquet tickets: _____ x \$ 65.00 _____

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

(Includes banquet & breakfast Thursday, Friday and Saturday)

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