



ASAP's Chiari & Syringomyelia Conference
July 21-24, 2025
Attendee Registration Form

Contact Information

Name: _____
Address: _____
Phone: _____ Email: _____

Additional Attendees

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

Name: _____
Name: _____
Name: _____

Fees

Number

Sub-total

Adult registration	_____ x \$175.00	_____
Children's registration: ages 5 - 15	_____ x \$ 65.00	_____
Family pack: 2 adults, 2 children (ages 5-15) *	_____ x \$425.00	_____
Day rate: Tues, Wed or Thurs (Circle Day)	_____ x \$ 60.00	_____

Special diet request (vegetarian, gluten free, etc): _____

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

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: _____

Return completed form with payment to ASAP, PO Box 1586, Longview TX 75606-1586