

ASPPA Webcast Registration Form

Registrant Information	
Webcast Title:	
Webcast Date:	

Registrant Information			
Name:		Title:	
Company:			
Address:		Type:	<input type="checkbox"/> Home <input type="checkbox"/> Business
City/State/Zip:			
Daytime Phone:			
Email:			

Registration Fees		
Live Webcast		
Individual Viewer:	<input type="checkbox"/> Member* \$110	<input type="checkbox"/> Non-Member \$180
Additional Viewer:	<input type="checkbox"/> Member \$40	<input type="checkbox"/> Non-member \$65
Registration Fees		
Recorded Webcast		
Individual Viewer:	<input type="checkbox"/> Member* \$110	<input type="checkbox"/> Non-Member \$180
Additional Viewer:	<input type="checkbox"/> Member \$40	<input type="checkbox"/> Non-member \$65
Classroom Setting Registration	Please visit www.asppa-net.org/webcast-package-pricing for more information and ways to register.	
Total:		\$ _____

**ASPPA membership is individual. If you are personally a member, please pay the member rate.
If you are not sure, please call 703.516.9300.*

PAYMENT Credit card: Visa MasterCard American Express Discover **Check**
 Card No.: _____ Expiration date: _____

Mail checks to: ASPPA, PO Box 34725, Alexandria, VA 22334-0725

Please attach copy of this order form for faster processing. To prevent duplication of payment, send your registration form only once. If you are mailing it, do not fax it and vice versa.

