Advance Registration - Deadline May 1, 2018

Important: Please read all of the registration instructions before completing. This form may be duplicated.

Name:	5		
Preferred Mailing Address:			
City:	State:	Zip:	Day Phone:
Employer: Email:			
Professional Society Member (check all that apply and give m	and a second		AMT
Monday, May 7			
Member (see box abov Non Member Student Member (see b Student Non Member		95.00* 140.00* 45.00* 75.00*	*See Important Note Section Below
Circle the appropriate day(s) to let us know when you plan to attend the meeting, and enter the Total fee required \Rightarrow			
GRAND TOTAL (Please remit with check made payable to "ASCLS-PA") ⇒⇒⇒⇒⇒⇒⇒>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			
		Exp. D	ate: Security Code (CVV):
Is this a corporate card? Yes / No			
Name as it appears on the card:Signature of Cardholder:			
Billing Address of Card (if different from above): Important Note: Please mail your completed form no later than May 1, 2018. Do not mail your registration after May 1, 2018, but register onsite. *Registration fees will increase by \$25 for each category when you register on- site.			
Please circle the numbers corr	esponding to th	e sessions you	plan to attend (to be used for room size requirements only.)
1 2 3 4 5	6 7 8	9 10 11	12 13 14 15 16 17 18 19 20
** For registration questions, call (215) 667-0477 or e-mail khadidja7889@gmail.com			
 Checklist – DID YOU Enclose Your Check made payable to ASCLS-PA or give your credit card information Circle the Sessions you plan to attend Send your completed Registration Form and your payment to Scott Aikey Please bring this copy of your program with you to the meeting 			