

ATTENDEE INFORMATION

Please complete all fields in this section.

First Name: _____ First Name (to appear on badge) _____

Last Name: _____ HSPA ID# (Optional): _____

Facility Name: _____ Job Title: _____

Facility Address: _____

Work Email: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

FEES & ADD ON'S

Please select your registration rate and any additional conference add on's.

1. CONFERENCE: APRIL 27-29

RATE

On-Site Standard Registration \$750

Daily Registration Rate \$300

Saturday Sunday Monday Tuesday X _____ = \$ _____

2. CONFERENCE ADD ON'S

RATE

Educators Forum \$99

Opening Reception, Sunday April 27, 6:30-8:30 p.m. \$125

Foundation General Donation \$5 \$10 \$25 Other \$ _____

3. TOTAL PAYMENT DUE

TOTAL OF SECTIONS 1 & 2 ABOVE \$ _____

Please complete your registration form in full and return it to the registration desk for processing.