

CAPTASA Conference

January 25-26, 2019 Embassy Suites- Lexington, KY
Registration Form

First _____ MI _____ Last _____

Profession/Credentials _____

Name for Nametag _____

Institution/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please list any special needs you may have (dietary, etc.): _____

PAYMENT INFORMATION

- Personal or institutional check made payable to: CAPTASA Conference
- Cost of Banquet **NOT** included in registration fee.
- No one day, group rate or scholarships

NO REFUNDS AFTER JANUARY 15, 2019

\$200 Early Registration Fee (postmarked by Jan. 6, 2019) \$ _____

\$225 Regular Registration Fee (postmarked after Jan. 6, 2019) \$ _____

No registrations accepted if postmarked after Jan. 18, 2019. You will need to register at the door.

_____ I plan to attend the banquet Friday night (cost \$35) \$ _____

Guest Banquet Ticket(s): # Tickets _____ x \$35 per ticket = \$ _____

Handouts @ \$35 per set: # Sets _____ x \$35 per set = \$ _____

MUST PRE-ORDER BY JANUARY 18 - NOT AVAILABLE FOR PURCHASE AT CONFERENCE

Handouts will be available online @ CAPTASA.org for no charge

Total Amount Enclosed: \$ _____

Mail to: CAPTASA Conference

P.O. Box 6663

Louisville, KY 40206

Or Email: david@captasa.org