

Association of Traumatic Stress Specialists 15th International Conference Registration Form

ATTEND CONFERENCE FREE!

If you reserve a room by February 1, 2008, you will be eligible for a chance to attend the conference **FREE!** (Fee must be submitted with registration form – winner will be reimbursed fee during conference. Room reservation will be verified with Eastland Park Hotel.)

Please complete a separate application for each attendee (copy as needed).

Type or print your name exactly as you would like it to appear on your name badge & certificate.

<i>Name</i>		<i>Credentials (limit to three, please)</i>	
<i>Organization</i>			
<i>Mailing Address</i>			
<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Zip/Postal Code</i>
<i>Telephone</i>	<i>Fax</i>	<i>E-Mail</i>	

I need assistance with the following:

- ASL Interpreter
 Wheelchair Access Ramp
 Service Animal
 *Other

*

			Registration Fee ATSS Member	Registration Fee Non Member
✓	Registration			
<input type="checkbox"/>	Before March 3, 2008		\$300.00	\$375.00
<input type="checkbox"/>	March 3, 2008 & Later		\$325.00	\$400.00
<input type="checkbox"/>	Daily Rate		\$125.00	\$150.00
	Membership			
<input type="checkbox"/>	Individual		\$ 85.00	\$ 85.00
<input type="checkbox"/>	Senior/Student		\$ 45.00	\$ 45.00
<input type="checkbox"/>	Agency/Team		\$225.00	\$225.00
	Sub-Total		\$ _____	\$ _____
<input type="checkbox"/>	Group Rate (5 or more) <i>One payment includes all five registrations minus discount</i>		- \$ 150.00	- \$ 150.00
<input type="checkbox"/>	Sponsor Coupons (must mail coupons to ATSS office for reduced fee.)	__ x \$50.00	- \$ _____ .00	- \$ _____ .00
	TOTAL		\$ _____ .00	\$ _____ .00

Note: These are the only forms of payment accepted ~ All Payments must be made in US Funds
 If paying by credit card, you may fax your credit card payment to (207) 639-2434

Type of Payment Credit Card Payments Only

- VISA** Card Number _____ Expiration Date _____
 Master Card Billing Address: _____ ZIP/Postal Code: _____
 Discover Name of Cardholder (*please print*) _____
 American Express Signature: _____
 Check/Money Order
 Purchase Order ~ ATSS Taxpayer #74-2611152

If paying by check, money order or purchase order, your payment or PO must be mailed to:
ATSS 2008 Conference, POB 246, Phillips, Maine 04966

If you have questions, please contact:
 ATSS Headquarters at (207) 639-2433 ~ Admin@ATSS.info