

2020 ASAP FOIA/PRIVACY ACT TRAINING WORKSHOP
(Including Records Management Overview)

Course #1400

September 9-11, 2020

InterContinental at the Plaza - Kansas City, Missouri

The American Society of Access Professionals
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Telephone registrations ARE NOT accepted. Please register by completing the form below and faxing or emailing it to ASAP. ASAP reserves the right to close registration when program capacity is reached. (Upon registration closure, a notice will be placed on the ASAP website.) Registrations without payment information or proper authorization signatures will NOT be accepted. Please print clearly and avoid using abbreviations for agency names/components. Registration lists, name badges, certificates, etc. are based on this information.

The names of participants registered for ASAP training may be shared among fellow attendees including agency/company affiliation and city/state location (as submitted for registration purposes or pulled from the database). Registrants also may specifically opt-in for email address sharing. By registering for the event, participants agree to share their name and contact information with fellow event attendees and event sponsors in order to facilitate networking among parties. This information is also shared with ASAP board and committee members for analysis purposes. Additionally, by registering, participants give permission to use photographs and video which may include them for marketing purposes including social media marketing. Those who do not wish to have their information included on the roster of attendees or appear in any photos should contact us at asap@accesspro.org. Please see all disclaimers in the general information brochure.

All Fields Required:

Last Name: _____ First Name: _____ Nickname: _____

Title/Position: _____

Agency/Org.: _____ Office: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tele: _____ Registrant E-mail: _____

☐ Yes ☐ No Do you have ADA needs? If so, please list them:

For registrations received by August 18th. _____

☐ Yes ☐ No Are you an attorney? If so, which state(s)? _____

☐ Yes ☐ No Publish my e-mail in e-mail column of the Attendee roster (**for registrations received by August 28th**).

☐ Yes ☐ No ASAP Member? ASAP is a nonprofit, professional member society. Federal, state or local government employment does not automatically entitle one to ASAP membership or member discounted program fees.

_____ How many years have you been working in FOIA?

_____ How many years have you been working in Privacy?

Payment -Please refer to the procedures for registration, confirmations, receipts and cancellation fee policy. Registration MUST be accompanied by a credit card and authorized signature or completed training authorization forms (SF-182).

Training Conference Tuition/Fees - Hotel is a separate charge: per diem of \$124 plus applicable tax.

ASAP successfully negotiated several contract incentives with the event hotel, InterContinental Kansas City at the Plaza. These incentives are directly based on how many of our registrants stay at the event hotel. ASAP is passing this savings onto each registrant through the registration fee for those who stay at the event hotel. Local attendees are also entitled to these lower rates. ASAP will compare registration lists to ensure policy compliance. Registrants who paid the lower registration fee and did not stay at the InterContinental Kansas City at the Plaza will be responsible for the difference and billed accordingly.

-OVER-

Save \$50 by registering and paying online!!!

Commercial or Contractor **	Through May 4	May 5 - Aug 3	Aug 4 - Aug 31	Sept 1 - Sept 9
Member, local commuter *	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1250
Member staying at event hotel	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1250
Member staying elsewhere	<input type="checkbox"/> \$1375	<input type="checkbox"/> \$1425	<input type="checkbox"/> \$1475	<input type="checkbox"/> \$1550
Nonmember, local commuter *	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$1275	<input type="checkbox"/> \$1350
Nonmember staying at event hotel	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$1275	<input type="checkbox"/> \$1350
Nonmember staying elsewhere	<input type="checkbox"/> \$1475	<input type="checkbox"/> \$1525	<input type="checkbox"/> \$1575	<input type="checkbox"/> \$1650
Gov't Employee/Nonprofit Org.	Through May 4	May 5 - Aug 3	Aug 4 - Aug 31	Sept 1 - Sept 9
Member, local commuter *	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1150
Member staying at event hotel	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1150
Member staying elsewhere	<input type="checkbox"/> \$1275	<input type="checkbox"/> \$1325	<input type="checkbox"/> \$1375	<input type="checkbox"/> \$1450
Nonmember, local commuter *	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1250
Nonmember staying at event hotel	<input type="checkbox"/> \$1075	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1175	<input type="checkbox"/> \$1250
Nonmember staying elsewhere	<input type="checkbox"/> \$1375	<input type="checkbox"/> \$1425	<input type="checkbox"/> \$1475	<input type="checkbox"/> \$1550

A Local Commuter is defined as an attendee who is traveling within fifty (50) miles of their duty station.

If you are a contractor and the agency is paying the training costs, you still must pay under the **Commercial or Contractor fee structure. **

☐ **Yes** ☐ **No** Will you be applying for Missouri or Virginia CLE? **If yes, include an additional \$25 in the total amount.**

Payment Method:

- ☐ Signed Training Authorization Attached (SF-182)
- ☐ Government or personal VISA, MasterCard, AMEX accepted. Cards are processed upon receipt. Receipts are auto-generated to cardholders with successful transactions.

☐ Check/ Money Order Enclosed: Check #: _____ Amount: _____

Please provide information below:

Card Holder E-mail **(REQUIRED):** _____ Total Amount: _____

Card Holder Name: _____

Card Holder Signature: _____

Card Holder Phone: _____

☐ Card Number: _____ Exp. Date: _____

☐ Please contact me for full credit card number.

Once payment has been processed, this section of the form will be shredded. Receipts are automatically emailed to cardholders.

ASAP is incorporated in Washington, D.C. Federal Tax I.D. is 54-115-2815 DUNS is 184057818 SAM Cage # 1QTQ9.
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