

ASAP Virtual Annual National Training Conference Registration Form

Course #1426

July 28-29, 2020

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. See general information for more details.

Please be advised that when you register for this training, your name or other contact information may be displayed or appear in the chat. This may depend on the various settings. We are working to optimize privacy but may have some system constraints. Please also be aware that a listing of registrants along with affiliations and city/state may be shared internally by ASAP. The staff, board and committees review this information for demographic and budgetary reasons. 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). By registering for the event, participants agree to share their name, affiliation and "opted-in" contact information with fellow event attendees and event sponsors. If you have any questions or concerns, please contact us at asap@accesspro.org.

All Fields Required:

Last Name: _____ First Name: _____ Nickname: _____

Title/Position: _____

Agency/Org.: _____ Office: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tele: _____ Registrant E-mail: _____

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|-----|----|--|
| Yes | No | Publish my E-mail in e-mail column of the Attendee roster (for registrations received by July 8). |
| Yes | No | ASAP Member? ASAP is a nonprofit, professional member society. Federal, state or local government employment <u>does not automatically</u> entitle one to ASAP membership or member discounted program fees. |
| Yes | No | Are you an attorney? If so, which state(s)? _____ |

_____ How many years have you been working in FOIA?

_____ How many years have you been working in Privacy?

Please list any special needs. ASAP, in compliance with the ADA is happy to assist (Please register by **July 8, 2020**).

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).

Tuition/Fees include the two day training conference, presentation materials that are downloadable for confirmed registrants.

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Virtual

Member/Non-member Pricing	Through July 14th	After July 14th
Member	\$550	\$575
Nonmember	\$600	\$625

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

Payment Method:

- Signed Training Authorization Attached (SF-182)
- Credit Card (VISA, MasterCard, American Express, IMPAC.) Cards are processed weekly, PRIOR to the program.
- 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: _____

Once payment has been processed, this section of the form will be shredded.

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.