



## WEBINAR REGISTRATION FORM

American Society of Access Professionals  
1120 20<sup>th</sup> Street, NW, Suite 750, Washington, D.C. 20036  
E-Fax: 202-216-9646 Analog Fax: 202-216-0246 E-Mail: [asap@accesspro.org](mailto:asap@accesspro.org)

Please register by completing the form below and submit to ASAP with your payment information. Telephone registrations or incomplete registrations ARE NOT accepted.

**1) Registrant Name and Address Information:** Please print/type clearly and avoid using abbreviations for agency names/components.

**All Fields Required:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Agency/Org.: \_\_\_\_\_ Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Registrant E-mail: \_\_\_\_\_

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.

**2) Please make a webinar selection. This is based on an INDIVIDUAL BASIS. \*\***

- |   |   |
|---|---|
| <input type="checkbox"/> Introduction to the FOIA, #1069 (audio only) | Free for ASAP members and \$29 for nonmembers |
| <input type="checkbox"/> FOIA Exemptions Overview, #1093              | \$49 for ASAP members and \$79 for nonmembers |
| <input type="checkbox"/> Fees and Fee Waivers, #1076                  | \$49 for ASAP members and \$79 for nonmembers |
| <input type="checkbox"/> Exemption 4, #1077                           | \$49 for ASAP members and \$79 for nonmembers |
| <input type="checkbox"/> FOIA and Privacy Act Interface, #1094        | \$49 for ASAP members and \$79 for nonmembers |
| <input type="checkbox"/> Exemption 7, #1108                           | \$79 for ASAP members and \$99 for nonmembers |
| <input type="checkbox"/> Privacy Act Overview, #1109                  | \$79 for ASAP members and \$99 for nonmembers |
| <input type="checkbox"/> Privacy Remediation, #1111                   | \$79 for ASAP members and \$99 for nonmembers |
| <input type="checkbox"/> FOIA Procedural Overview, #1233              | \$79 for ASAP members and \$99 for nonmembers |
| <input type="checkbox"/> FOIA Exemption 5, #1110                      | \$79 for ASAP members and \$99 for nonmembers |
| <input type="checkbox"/> Significant Recent FOIA Decisions, #1234     | \$79 for ASAP members and \$99 for nonmembers |

**\* \*From time to time, ASAP runs special promotions and sale pricing. If a sale is in effect at the time of registration, the sale price will be honored.**

3) **Payment: Registration MUST be accompanied by a check, money order, or credit card and authorized signature. ASAP requires three business days for registration processing of paper registrations.**

**PLEASE REFER TO THE POSTED WEBINAR INSTRUCTIONS AND POLICIES AT  
[HTTP://ACCESSPRO.ORG/PROGRAMS/WEBINARS.CFM](http://accesspro.org/programs/webinars.cfm), INCLUDING CANCELLATION POLICY.**

**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.