

ASAP FOIA-Privacy Act Workshop Registration Form

Course # 1652

September 7-9, 2022 – Kansas City, Missouri
InterContinental Hotel at the Plaza

Registration Instructions

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

Health and Safety Protocols

As we return to meeting in person, ASAP will be complying with all CDC and local health authority guidelines. All participants will be required to follow established protocols that are put into place. As the pandemic is an evolving situation, the ASAP Board of Directors is monitoring the situation and may set additional protocols that will be posted. Protocols may require proof of vaccination or proof of a negative COVID test.

Registrant 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 training@accesspro.org.

Workshop Tuition/Fees

Tuition/Fees include the 2.5 Day Workshop presentation materials that are downloadable for paid registrants, early morning coffee, mid-morning and afternoon coffee breaks, and a group lunch on September 7 and 8. **Hotel is a separate charge:** Per diem of \$123 for single/double occupancy. ASAP successfully negotiated several contract incentives with the event hotel. 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.

Fees & Deadlines (\$50 discount for online registration – requires immediate credit card payment)

ASAP MEMBERS	Through Aug 5	Aug 6 - Aug 31	Sept 1 - Sept 7
Member, local commuter** or staying at event hotel	\$1075	\$1125	\$1225
Member staying elsewhere	\$1375	\$1425	\$1525
NONMEMBERS			
Nonmember, local commuter** or staying at event hotel	\$1175	\$1225	\$1325
Nonmember staying elsewhere	\$1475	\$1525	\$1675

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

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Registrant (All Fields Required)

Last Name: _____ First Name: _____

Nickname: _____ Title/Position: _____

Dept/Agency/Org.: _____ Agency/Office: _____

City (Duty Station): _____ State (Duty Station): _____

Registrant E-mail: _____

Please list any special needs. ASAP, in compliance with the ADA, is happy to assist (Please register by Aug 24, 2022).

Please circle Y/N

Yes No I agree to abide by the established health and safety protocols above.

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

Yes No Are you staying at the training event hotel?

Yes No Are you a local commuter? (Within 50 miles of your office)

Yes No Publish my E-mail in e-mail column of the Attendee roster (for registrations received by July 5).

Yes No Are you an 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.)

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

If you would like to be added to our mailing list: (ASAP does not rent/sell information)

Is this a home address? _____ Yes _____ No

Mailing Address: _____

City: _____ State: _____

Zip: _____ Tele: _____

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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).

Payment Method: (Please checkmark)

- Signed Training Authorization Attached (SF-182)
- Credit Card (VISA, MasterCard, American Express, GPC) Cards are processed weekly, PRIOR to the program.
- Check/ Money Order Enclosed: _____ Check #: _____

Please provide information below (All Fields Required)

Card Holder Name: _____ Total Amount: \$ _____

Card Holder Email: _____

Card Holder Phone: _____

Card Holder Address, Including Zip Code (as attached to the card being used):

Card Holder Signature: _____

Please contact me for full credit card information

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